| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11911395** | **12/12/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**RESIDENTIAL PLAZA AT BLUE LAGOON** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**5617 NW 7 STREET**<br>**MIAMI, FL 33126** | |

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

**0000 - Initial Comments**

A Complaint (CCR# 201701718) Survey was conducted on 12/12/17. Residential Plaza at Blue Lagoon (License #7551) with limited mental health and limited nursing services component had no deficiencies identified at time of the survey.