STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966207	**02/13/2018**
NAME OF PROVIDER OR SUPPLIER **MIAMI LAKES RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **16837 NW 91 COURT** **HIALEAH, FL 33018**	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on February 13, 2018. Miami Lakes Retirement Home (Lic #10449) did not have deficiencies identified at time of the survey.