

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/09/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911395	(X3) DATE SURVEY COMPLETED 04/18/2018
NAME OF PROVIDER OR SUPPLIER RESIDENTIAL PLAZA AT BLUE LAGOON	STREET ADDRESS, CITY, STATE, ZIP CODE 5617 NW 7 STREET MIAMI, FL 33126	

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

0000 - Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on April 18, 2018. Residential Plaza at Blue Lagoon (License # 7551) with Limited Nursing Services and Limited Mental Health components had no deficiencies identified at the time of survey within this component.