

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 05/24/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911395	(X3) DATE SURVEY COMPLETED 05/14/2018
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 Complaint (CCR#2018003992) Survey was conducted on April 18, 2018 and concluded on May 14, 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.

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ADMINISTRATION**

PRINTED: 05/29/2018
FORM APPROVED

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