STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942957	**03/13/2019**
NAME OF PROVIDER OR SUPPLIER **BOSAN RESIDENCE CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **1754 NW 6 STREET** **MIAMI, FL 33125**	

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

0000 - Initial Comments

A Complaint Survey (CCR#2019001471) was conducted on , . Bosan Residence Corp. with Limited Mental Health component had no deficiencies identified at the time of the survey.