

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/09/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942957	(X3) DATE SURVEY COMPLETED R 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#2018016276) was conducted on March 13, 2019. Bosan Residence Corp., with a Limited Mental Health component, had no deficiencies identified at the time of the survey.