STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911035	R **04/10/2019**
NAME OF PROVIDER OR SUPPLIER **ST ANNE'S RESIDENCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **11855 QUAIL ROOST DRIVE** **MIAMI, FL 33177**	

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

0000 - Initial Comments

A revisit to a biennial survey was conducted at St. Anne's Residence on . . . . . Deficiencies were corrected at the time of the survey.