

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/24/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968205	(X3) DATE SURVEY COMPLETED 10/19/2015
NAME OF PROVIDER OR SUPPLIER ALMAR ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2120 NW 18 TERRACE MIAMI, FL 33125	

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

0000 Initial Comments

A Monitoring Survey (Checking on owner) was conducted on 10/19/15. Almar ALF Inc with Limited Mental Health and Limited Nursing Services component had ongoing non compliance.