STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910896	**12/13/2016**
NAME OF PROVIDER OR SUPPLIER **ADAM F/F INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **34 W 14TH STREET** **HIALEAH, FL 33010**	

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

0000 - Initial Comments

A Monitoring Survey to check on Residents was conducted on 12-13-2016 at Adam F/F Inc. with Limited Mental Health components Licence # 5853.