

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/20/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964588	(X3) DATE SURVEY COMPLETED R 02/01/2017
NAME OF PROVIDER OR SUPPLIER AILIN LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 7005 W 16TH AVE HIALEAH, FL 33014	

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

0000 - Initial Comments

A Monitoring revisit survey was conducted at Ailin Living Facility on 02-01-2017 (facility # 11964599). No deficiencies were identified at the time of the survey.