

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/06/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968810	(X3) DATE SURVEY COMPLETED R 02/21/2017
NAME OF PROVIDER OR SUPPLIER OPEN ARMS ALF, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 13453 SW 289 TERR HOMESTEAD, FL 33033	

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

0000 - Initial Comments

A Complaint second revisit survey was conducted on 02/21/2017. Open Arms ALF, Inc. with a Limited mental Health component, License #12674 had the no deficiencies identified at the time of the survey: