

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/06/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964385	(X3) DATE SURVEY COMPLETED R 02/20/2017
NAME OF PROVIDER OR SUPPLIER MY FAMILY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 662 WEST 50 STREET HIALEAH, FL 33012	

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

0000 - Initial Comments

A wellness monitoring survey revisit was conducted on 02/20/2017. My Family Home with standard license # 9078 had the deficiencies corrected at the time of the survey.