STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969155	**02/14/2017**
NAME OF PROVIDER OR SUPPLIER **ACHOY ASSISTED LIVING INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3601 W 11 AVE** **HIALEAH, FL 33012**	

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

0000 - Initial Comments

An Initial Licensure Survey was conducted on 02/14/17. Achoy Assisted Living, Inc. with a Limited Mental Health component had no deficiencies identified at the time of the survey. A recommendation will be sent to the licensure unit for approval of a capacity of 27 residents.