

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/14/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968870	(X3) DATE SURVEY COMPLETED 02/24/2017
NAME OF PROVIDER OR SUPPLIER WINSTON'S ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 6951 NW 5TH CT MIAMI, FL 33150	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A complaint survey (CCR #2016013870) was conducted on 02/24/17. Winston's ALF with a Limited Mental Health component, License # 12723 had a substantiated complaint.		