

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/16/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968136	(X3) DATE SURVEY COMPLETED R 02/23/2017
NAME OF PROVIDER OR SUPPLIER LOVE OF HOPE ALF, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2911 NW 174TH STREET MIAMI GARDENS, FL 33056	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Complaint revisit survey was conducted on 02/23/2017. Love of Hope ALF, Inc. (License # 12071) had no deficiencies identified at the time of the survey:		