

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/28/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966584	(X3) DATE SURVEY COMPLETED R 03/06/2017
NAME OF PROVIDER OR SUPPLIER ANDALUSIA ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 360 EAST 65 STREET HIALEAH, FL 33013	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Complaint Survey (CCR#2017000191) Revisit was conducted on March 03, 2017. Andalusia ALF Inc. (License # 10771) with a Limited Mental Health component had no deficiencies identified at the time of the survey.		