STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911674	R **03/13/2017**
NAME OF PROVIDER OR SUPPLIER **ALICE'S HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **12795 NW 10TH LANE** **MIAMI, FL 33182**	

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

0000 - Initial Comments

A Extended Congregate Care Monitoring Survey Revisit was conducted on March 13, 2017. Alice Home Corp. (License # 7844) with Extended Congregate Care component had no deficiencies identified at the time of the survey.