

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/04/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967789	(X3) DATE SURVEY COMPLETED R 03/24/2017
NAME OF PROVIDER OR SUPPLIER TWO SISTERS ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1675 SW 25 AVENUE MIAMI, FL 33145	

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

0000 - Initial Comments

A monitoring fourth revisit survey was conducted on March 24th, 2017. Two Sisters Alf Inc. with license number 11776 did not have deficiencies identified at the time of the survey.