STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969180	**03/09/2017**
NAME OF PROVIDER OR SUPPLIER **MY DREAM ALF LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **55 NE 193RD TERR** **MIAMI, FL 33179**	

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

0000 - Initial Comments

A complaint inspection (CCR# 2017002219) survey was conducted on 03/09/2017 at My Dream ALF, LLC, located at 55 NE 193 rd Terrace, undefined assisted living center. At the time of the investigation, unlicensed activity was not identified and no deficient practice was identified.