

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/13/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966845	(X3) DATE SURVEY COMPLETED R 03/23/2017
NAME OF PROVIDER OR SUPPLIER CASA DE PAZ ALF, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9360 SW 24 STREET MIAMI, FL 33165	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Standard Biennial Revist Survey was conducted on March 23, 2017. Casa de Paz ALF, Inc, license number 10991, had no deficiencies found at the time of the survey.		