STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966920	**04/10/2017**
NAME OF PROVIDER OR SUPPLIER **GOOD LIFE ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7746 NW 201 TERRACE** **HIALEAH, FL 33015**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on 04/10/2017. Good Life ALF inc. with standard licence (AL 11047) had no deficiencies identified at the time of the survey.