STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968467	R **04/13/2017**
NAME OF PROVIDER OR SUPPLIER **AMIGOS HOME ALF CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **8360 SW 43 TERRACE** **MIAMI, FL 33155**	

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

0000 - Initial Comments

A standard biennial revisit survey was conducted on April 13th, 2017. Amigos Home ALF Corp. with license number 12346 did not have not deficiencies identified at the time of the survey.

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