

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/01/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967061	(X3) DATE SURVEY COMPLETED 04/11/2017
NAME OF PROVIDER OR SUPPLIER MY NEW HOME ALF I, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7151 SW 42ND STREET MIAMI, FL 33155	

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

0000 - Initial Comments

A Complaint Survey (CCR #2017003668) was conducted 04/05/17 and concluded on 04/11/17. My New Home ALF 1 (AL11164) with Limited Mental Health component had deficiencies identified at the time of the survey. The deficiencies were cited under the biennial revisit survey, Event ID YH0G12.