

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/10/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967871	(X3) DATE SURVEY COMPLETED R 04/27/2017
NAME OF PROVIDER OR SUPPLIER PETSHIRL GROUP HOME, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 8361 N E 3RD AVENUE MIAMI, FL 33138	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Standard Biennial third revisit survey was conducted on 04/27/17. Petshirl Group Home with a standard license #11895 had no deficiencies found at the time of the survey.		