

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 05/10/2017  
FORM APPROVED

|                                                                 |                                                                                                       |                                                                     |
|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                       | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11966851</b>                           | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><br><b>04/27/2017</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>PEACE &amp; CARE ALF</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>8121 NW 200 TERRACE</b><br><b>MIAMI GARDENS, FL 33015</b> |                                                                     |

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

**0000 - Initial Comments**

A Standard Biennial Survey revisit was conducted on 04/27/2017. Peace & Care ALF with limited mental health component, (AL 10986), had no deficiencies found at time of the survey.