

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 05/16/2017  
FORM APPROVED

|                                                                                                                                                                                                                                                                                      |                                                                                         |                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                                                                                                                                                                                                            | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11966712</b>             | (X3) DATE SURVEY COMPLETED<br><br><b>05/04/2017</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>M &amp; Y CARING AND LOVING ALF, INC</b>                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>22712 S W 103 COURT<br/>MIAMI, FL 33190</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                              |                                                                                         |                                                     |
| <p><b>0000 - Initial Comments</b></p> <p>A monitoring survey was conducted at 05/04/2017 to ensure that residents were transferred to another facility. The facility, M &amp; Y Caring and Loving ALF, Inc, left the ALF license on the front porch without a note or signature.</p> |                                                                                         |                                                     |