

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/16/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967992	(X3) DATE SURVEY COMPLETED R 04/24/2017
NAME OF PROVIDER OR SUPPLIER KENDALL ALF II, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 10230 SW 91 STREET MIAMI, FL 33176	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Standard Biennial Survey revisit was conducted on 04/24/2017. Kendall ALF II Inc, (AL 11974) had no deficiencies identified at the time of the survey.		