STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968810	R **05/03/2017**
NAME OF PROVIDER OR SUPPLIER **OPEN ARMS ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **13453 SW 289 TERR** **HOMESTEAD, FL 33033**	

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

0000 - Initial Comments

A Standard Biennial Survey revisit was conducted on 05/03/2017. Open Arms ALF, Inc (AL 12674) with Limited Mental Health services component had no deficiencies identified at the time of the survey.