

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 06/07/2017
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965710	(X3) DATE SURVEY COMPLETED 05/23/2017
NAME OF PROVIDER OR SUPPLIER YILLIAM HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 13888 SW 18 TERRACE MIAMI, FL 33175	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on 05/23/17. Yilliam Home, License #10074, had no deficiencies identified at the time of the survey.