

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/08/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965710	(X3) DATE SURVEY COMPLETED R 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 A Complaint Revisit Survey (CCR #2017000449) was conducted on 05/23/2017. Yilliam Home, license # 10074, had no deficiencies identified at time of the survey.		