

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/22/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967626	(X3) DATE SURVEY COMPLETED 05/31/2017
NAME OF PROVIDER OR SUPPLIER RESTORED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1470 NW 174 STREET MIAMI, FL 33169	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on May 31, 2017. Restored Living Facility (License #11648) had no deficiencies identified at time of the survey.