

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/07/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964920	(X3) DATE SURVEY COMPLETED R 06/21/2017
NAME OF PROVIDER OR SUPPLIER A HOME AWAY FROM HOME ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1851 SW 142nd AVENUE MIAMI, FL 33175	

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

0000 - Initial Comments

An Abbreviated Survey to Standard Second Revisit survey was conducted on 06/21/17. A Home Away From Home ALF Inc with a Standard License #9562 had no deficiencies found at the time of the survey.