

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/07/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966896	(X3) DATE SURVEY COMPLETED R 06/19/2017
NAME OF PROVIDER OR SUPPLIER KAYLA'S PLACE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3122 SW 151 COURT MIAMI, FL 33185	

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

0000 - Initial Comments

An Abbreviated Re-Visit Survey was conducted on 06/19/17. Kayla's Place Inc. with Limited Mental Health component License# 11927 had no deficiencies found at the time of the survey.