| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11964978** | R<br>**06/20/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**HUMBLE CARE ALF** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**14651 SW 161 STREET**<br>**MIAMI, FL 33177** | |

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

**0000 - Initial Comments**

A Standard Biennial Revisit Survey was conducted on 06/20/17. Humble Care ALF with a Standard License #9482 had no deficiencies found at the time of the survey: