

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/12/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968471	(X3) DATE SURVEY COMPLETED R 06/27/2017
NAME OF PROVIDER OR SUPPLIER MOON RIVER ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 2811 NW 88 STREET MIAMI, FL 33147	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Standard Biennial Revisit Survey conducted on June 27, 2017. Moon River Alf, License #12364, had no deficiencies identified at time of the survey.		