STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967061	R **07/24/2017**
NAME OF PROVIDER OR SUPPLIER **MY NEW HOME ALF I, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7151 SW 42ND STREET** **MIAMI, FL 33155**	

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

0000 - Initial Comments

A Standard Biennial Second Revisit Survey was conducted 07/24/17. My New Home ALF I, Inc (AL 11164) with Limited Mental Health component had no deficiencies identified at the time of the survey.