

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/08/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965988	(X3) DATE SURVEY COMPLETED R 07/26/2017
NAME OF PROVIDER OR SUPPLIER FREIRE & SOTOMAYOR ALF, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2303 SW 62 COURT MIAMI, FL 33155	

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

0000 - Initial Comments

A Standard Biennial Survey revisit was conducted on 07/27/2017. Freire & Sotomayor Alf, Inc. (AL 10355), with the Limited Mental Health component, had no deficiencies identified at the time of the survey.