STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969180	**07/25/2017**
NAME OF PROVIDER OR SUPPLIER **MY DREAM ALF LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **55 NE 193RD TERR** **MIAMI, FL 33179**	

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

0000 - Initial Comments

An Initial Licensure Survey was conducted on July 25, 2017. My Dream ALF had no deficiencies identified at time of the survey. A recommendation will be sent to the licensure unit for five beds.