

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/23/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968843	(X3) DATE SURVEY COMPLETED 08/02/2017
NAME OF PROVIDER OR SUPPLIER CARY & NICO TU CASITA FELIZ ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 6790 SW 16 TERR33155 MIAMI, FL 33155	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on 08/02/17. Cary & Nico Tu Casita Feliz ALF Inc. with a Standard license #12726 had no deficiencies found at the time of the survey.