

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 08/29/2017
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967789	(X3) DATE SURVEY COMPLETED 08/09/2017
NAME OF PROVIDER OR SUPPLIER TWO SISTERS ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1675 SW 25 AVENUE MIAMI, FL 33145	

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

0000 - Initial Comments

A Standard Biennial survey was conducted on 08/09/2017. Two Sisters ALF (AL 11776) had no deficiencies identified at the time of the survey.