

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/30/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965742	(X3) DATE SURVEY COMPLETED R 08/14/2017
NAME OF PROVIDER OR SUPPLIER CARING FOR YOU I ALF, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5210 SW 5 TERRACE MIAMI, FL 33134	

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

0000 - Initial Comments

A Standard Biennial Survey Revisit was conducted on August 14, 2017. Caring for You I ALF, Inc. (License # 10083) with Limited Mental Health component had no deficiencies identified at the time of the survey.