

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/20/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968947	(X3) DATE SURVEY COMPLETED R 08/15/2017
NAME OF PROVIDER OR SUPPLIER A SENIOR LIVING DREAM LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 13442 SW 284TH ST HOMESTEAD, FL 33033	

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

0000 - Initial Comments

A complaint (CCR#2017003907) second revisit survey was conducted on August 15th, 2017. A Senior Living Dream Llc with license number 12831 did not have deficiencies identified at the time of the survey.