

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/25/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910896	(X3) DATE SURVEY COMPLETED 08/15/2017
NAME OF PROVIDER OR SUPPLIER ADAM F/F INC	STREET ADDRESS, CITY, STATE, ZIP CODE 34 W 14TH STREET HIALEAH, FL 33010	

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

0000 - Initial Comments

A Wellness Monitoring Survey was conducted on August 15, 2017. Adam F/F Inc. (License # 5853) with Limited Mental Health component had no deficiencies identified at the time of the survey.