

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/29/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964369	(X3) DATE SURVEY COMPLETED R 08/30/2017
NAME OF PROVIDER OR SUPPLIER PALMETTO ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 6826 WEST 25 COURT HIALEAH, FL 33016	

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

0000 - Initial Comments

A Standard Biennial Survey Second Revisit survey was conducted on August 30, 2017. Palmetto Alf Inc. (license # 9105) with Limited Nursing Services and Limited Mental Health components had no deficiencies identified at the time of the survey.