STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963775	R **08/24/2017**
NAME OF PROVIDER OR SUPPLIER **ADAM HOME # 2 INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1045 WEST 2 AVENUE** **HIALEAH, FL 33010**	

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

0000 - Initial Comments

A Standard Biennial Survey Revisit was conducted on August 24, 2017. Adam Home # 2 (License # 7196) with Limited Mental Health component had no deficiencies identified at the time of the survey.