

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/29/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963986	(X3) DATE SURVEY COMPLETED 08/15/2017
NAME OF PROVIDER OR SUPPLIER HIALEAH ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 158 WEST 8 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. Hialeah Alf Inc. (License # 5989) with Limited Mental Health and Limited Nursing Services components had no deficiencies identified at the time of the survey.