STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967330	R **08/28/2017**
NAME OF PROVIDER OR SUPPLIER **MERCY & MICHAEL ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3000-3002 SW 23 TERRACE** **MIAMI, FL 33145**	

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

0000 - Initial Comments

A Complaint (CCR #2017004371) Revisit Survey was conducted on 08/282017. Mercy & Michael ALF, Inc with Limited Mental Health service component (License #11389) had no deficiencies identified at time of the survey.