

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/05/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968870	(X3) DATE SURVEY COMPLETED 09/22/2017
NAME OF PROVIDER OR SUPPLIER WINSTON'S ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 6951 NW 5TH CT MIAMI, FL 33150	

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

0000 - Initial Comments

A complaint (2017008430) investigation survey related to unlicensed activity was conducted at Winston's ALF, 6951 NW 5th Court, Miami, Florida from 8/24/17 to 9/22/17. At the time of the complaint investigation, the facility refused to allow the Agency for Health Care Administration access to gain evidence regarding the complaint investigation.