| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11969256** | **09/26/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**MONICA'S ALF** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**9576 SW 124 CT**<br>**MIAMI, FL 33186** | |

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

**0000 - Initial Comments**

An Initial Licensure Survey was conducted on 09/26/17. Monica's ALF with a Limited Mental Health (LMH) component license had no deficiencies found at the time of the survey. A recommendation will be sent to the licensure unit for a licensed capacity of 6 with LMH component.