STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968471	**09/26/2017**
NAME OF PROVIDER OR SUPPLIER **MOON RIVER ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **2811 NW 88 STREET** **MIAMI, FL 33147**	

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

0000 - Initial Comments

A Limited Nursing Services component expansion survey was conducted on September 26, 2017. Moon River ALF, Llc. had no deficiencies identified at the time of the survey.