

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/10/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968296	(X3) DATE SURVEY COMPLETED R 09/26/2017
NAME OF PROVIDER OR SUPPLIER TIKAS ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 14822 GARDEN DR MIAMI, FL 33168	

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

0000 - Initial Comments

A Complaint (CCR # 2017007908) survey revisit was conducted on 9/26, 2017. Tikas ALF Inc (license 12200) had no deficiencies identified at time of the survey.