

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/10/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967577	(X3) DATE SURVEY COMPLETED R 09/27/2017
NAME OF PROVIDER OR SUPPLIER CALVINELLE ADULT HOME ALF #2	STREET ADDRESS, CITY, STATE, ZIP CODE 1786 NW 47 TERRACE MIAMI, FL 33142	

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

0000 - Initial Comments

A Complaint Revisit Survey CCR#2017004924 was conducted on 9/27/17. Calvinelle Adult Home ALF # 2 (license # 11635) with Limited Mental Health and Limited Nursing Services components had no deficiencies identified at the time of the survey.