

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/08/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965608	(X3) DATE SURVEY COMPLETED 10/26/2017
NAME OF PROVIDER OR SUPPLIER REGO'S ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9605 SW 144 PLACE MIAMI, FL 33186	

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

0000 - Initial Comments

A Standard Biennial survey was conducted on 10/27/2017. Rego's ALF with Limited Mental health component (AL 10045) had no deficiencies identified at the time of the survey.