

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/09/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965431	(X3) DATE SURVEY COMPLETED R 10/25/2017
NAME OF PROVIDER OR SUPPLIER ALF FAMILY PALACE CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 7521 WEST 30TH LANE HIALEAH, FL 33018	

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

0000 - Initial Comments

A Revisit Survey was conducted on 10/25/2017. ALF Family Palace Corp. (License # 9785) with Limited Mental Health had no deficiencies identified at time of survey: