| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11964385** | R<br>**11/07/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**MY FAMILY HOME** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**662 WEST 50 STREET**<br>**HIALEAH, FL 33012** | |

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

**0000 - Initial Comments**

An Abbreviated Biennial 2nd Revisit survey was conducted on 11/07/17. My Family Home (license #9078) with Limited Mental Health (LMH) component did not have deficiencies identified at time of the survey.