| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11963775** | **11/17/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**ADAM HOME # 2 INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1045 WEST 2 AVENUE**<br>**HIALEAH, FL 33010** | |

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

**0000 - Initial Comments**

A Complaint Survey (CCR#2017007524) was conducted on August 24, 2017 and concluded on November 17, 2017 at Adam Home # 2 (license # 7196) with Limited Mental Health component.