

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 12/12/2017  
FORM APPROVED

|                                                               |                                                                                            |                                                                     |
|---------------------------------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                     | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11968802</b>                | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><br><b>12/05/2017</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>GOOD NEWS ALF, LLC</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1220 NE 116TH ST</b><br><b>MIAMI, FL 33161</b> |                                                                     |

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

**0000 - Initial Comments**

A Biennial Survey Third Revisit was conducted on 11/08/17 and concluded on 12/05/17. Good News ALF, LLC with a Limited Mental Health component (license 12666) had no deficiencies found at the time of the survey.