

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/04/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968583	(X3) DATE SURVEY COMPLETED 12/20/2017
NAME OF PROVIDER OR SUPPLIER ALL CARE ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 646 NW 129 PLACE MIAMI, FL 33182	

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

0000 - Initial Comments

A Standard Biennial was conducted on 12/20/17. All Care ALF Inc (License # 12471) had no deficiencies identified at the time of the survey.