| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11965726** | R<br>**12/12/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**FARDALES HOME ALF CORP** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1091 EAST 18 STREET**<br>**HIALEAH, FL 33013** | |

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

**0000 - Initial Comments**

A Standard Biennial Survey Second Revisit was conducted on December 12, 2017 (Lic# 10087). Fardales Home ALF Corp with Limited Mental health Services component had no deficiencies identified at the time of survey.