STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964689	R **12/11/2017**
NAME OF PROVIDER OR SUPPLIER **AMANECER HOME ALF, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **11340 SW 47 TERRACE** **MIAMI, FL 33165**	

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

0000 - Initial Comments

A Standard Biennial revisit Survey was conducted at on 12/11/17. Amanecer Home ALF with a Limited Mental Health component, (AL9386), had no deficiencies identified at the time of the survey.