

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/09/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966238	(X3) DATE SURVEY COMPLETED R 12/11/2017
NAME OF PROVIDER OR SUPPLIER JUAN PABLO II ALF, CORP.	STREET ADDRESS, CITY, STATE, ZIP CODE 15680 SW 139 AVENUE MIAMI, FL 33177	

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

0000 - Initial Comments

A Biennial Revisit Survey was conducted on 12/11/2017. Juan Pablo II ALF corp. with a standard licence, (AL 10487) had no deficiencies identified at the time of the survey.