

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/26/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968122	(X3) DATE SURVEY COMPLETED 09/25/2017
NAME OF PROVIDER OR SUPPLIER ADULT LEISURE LIVING, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 15650 WEST BUNCHE PARK DRIVE MIAMI GARDENS, FL 33054	

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

0000 - Initial Comments

A resident wellness monitoring was conducted on 9/25/17 at Adult Leisure Living, Inc (Lic #12063).