STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966178	R **01/16/2018**
NAME OF PROVIDER OR SUPPLIER **GOOD FAMILY HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6851 SW 79 Terrace** **MIAMI, FL 33143**	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 01/16/18. Good Family Home Inc (license #10420) did not have deficiencies found at the time of the survey.