

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/08/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968122	(X3) DATE SURVEY COMPLETED R 01/16/2018
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 Revisit survey was conducted on January 16, 2018. Adult Leisure Living, Inc. (License # 12063) had no deficiencies identified at the time of the survey.