

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/08/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953314	(X3) DATE SURVEY COMPLETED R 01/17/2018
NAME OF PROVIDER OR SUPPLIER ALTON ACLF HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2090 NW 115TH STREET MIAMI, FL 33167	

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

0000 - Initial Comments

An Abbreviated Biennial Revisit Survey was conducted on January 17, 2018. Alton ACLF Home (License #8582) with Limited Mental Health component had no deficiencies identified at the time of the survey.