

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/15/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911674	(X3) DATE SURVEY COMPLETED 01/23/2018
NAME OF PROVIDER OR SUPPLIER ALICE'S HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 12795 NW 10TH LANE MIAMI, FL 33182	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments - A Extended Congregate Care Monitoring Survey was conducted on January 23, 2017. Alice Home Corp, Inc (License # 7844) with Extended Congregate Care had no deficiencies identified under the component at the time of the survey.		