

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 03/08/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967287	(X3) DATE SURVEY COMPLETED 01/31/2018
NAME OF PROVIDER OR SUPPLIER FAMILY FIRST ALF, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 15600 SW 143 AVENUE MIAMI, FL 33177	

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

0000 - Initial Comments

A Complaint Survey (CCR#2017014715) was conducted on 01/31/18. Family First ALF, Inc. with Limited Mental Health component license# 11365 had no deficiencies found at the time of the survey.

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