STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942728	**02/13/2018**
NAME OF PROVIDER OR SUPPLIER **ASSISTED LIVING RETIREMENT HOMES I**	STREET ADDRESS, CITY, STATE, ZIP CODE **132 -134 NW 17 COURT** **MIAMI, FL 33125**	

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

0000 - Initial Comments

A standard biennial survey was conducted on 02/05/18 and concluded on 02/13/18. Assisted Living Retirement Homes I with a Standard license #8196 had no deficiencies found at the time of the survey: