

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 03/26/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964967	(X3) DATE SURVEY COMPLETED R 02/26/2018
NAME OF PROVIDER OR SUPPLIER A PIEDRA ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7960 SW 36 STREET MIAMI, FL 33155	

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

0000 - Initial Comments

A Change of Ownership revisit survey was conducted on 02/26/18. A. Piedra ALF Inc. license #9585) had no deficiencies found at the time of the survey.