

**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 Complaint Re-visit Survey (CCR#2017010985) was conducted on 02/26/18. A Piedra ALF Inc with a standard License #9585 had no deficiencies found at the time of the survey.