STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969343	**03/14/2018**
NAME OF PROVIDER OR SUPPLIER **HOME AWAY ALF, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **14638 SW 139TH PL** **MIAMI, FL 33186**	

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

0000 - Initial Comments

An Initial Survey for licensure was conducted on 03/14/2018. Home Away ALF had no deficiencies identified at the time of the survey. The facility will be recommended for a standard license with 6 beds.