

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/03/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967626	(X3) DATE SURVEY COMPLETED R 03/14/2018
NAME OF PROVIDER OR SUPPLIER RESTORED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1470 NW 174 STREET MIAMI, FL 33169	

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

0000 - Initial Comments

A Complaint (CCR# 2017015007) Survey Revisit was conducted on March 14, 2018. Restored Living Facility (License #11648) had no deficiencies identified at time of survey.