STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968958	R **03/27/2018**
NAME OF PROVIDER OR SUPPLIER **GREEN STREET ALF, CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **12262 SW 250 TERR** **MAIMI, FL 33032**	

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

0000 - Initial Comments

A Standard Biennial Survey revisit was conducted on 03/27/2018, Green Street ALF with Limited Mental Health Component License #12805 had no deficiencies at time of the survey: