

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/16/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966253	(X3) DATE SURVEY COMPLETED R 03/21/2018
NAME OF PROVIDER OR SUPPLIER A+ SENIOR HOME INC	STREET ADDRESS, CITY, STATE, ZIP CODE 41 SW 68 AVENUE MIAMI, FL 33144	

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

0000 - Initial Comments

A Full Monitoring Revisit Survey was conducted on 03/21/18. A+ Senior Home Inc with Limited Mental Health component License # 10466 had no deficiencies found at the time of the survey: