

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/16/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969108	(X3) DATE SURVEY COMPLETED R 03/27/2018
NAME OF PROVIDER OR SUPPLIER AN EXCELLENT CARE ALF LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 16251 SW 248TH ST HOMESTEAD, FL 33031	

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

0000 - Initial Comments

A complaint second revisit survey was conducted on 03/27/2018. An Excellent Care ALF, license #12933 had no deficiencies identified at the time of the survey.