

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953319	(X3) DATE SURVEY COMPLETED R 04/10/2018
NAME OF PROVIDER OR SUPPLIER MY HOME ALF, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 290 NW 188TH STREET MIAMI, FL 33169	

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

0000 - Initial Comments

A revisit was conducted regarding complaint (CCR 2018002380) for unlicensed activity at My Home, 290 NW 188th Street, Miami, Florida on 4/10/2018. At the time of the complaint investigation the facility did not have any deficiencies.