

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/09/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968989	(X3) DATE SURVEY COMPLETED 04/04/2018
NAME OF PROVIDER OR SUPPLIER AMIGOS ALF HOMES CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 2710 SW 77TH CT MIAMI, FL 33155	

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

0000 - Initial Comments

A Standard Biennial survey was conducted on 04/04/2018. Amigos ALF home corp. with standard licence (License 12860) had no deficiencies identified at the time of the survey.