STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966654	R **04/16/2018**
NAME OF PROVIDER OR SUPPLIER **AMERICAN LIFE ADULT CARE CENTER INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8849 NW 169 TERRACE** **MIAMI LAKES, FL 33018**	

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

0000 - Initial Comments

An Abbreviated Biennial Survey Revisit was conducted at on April 16, 2018. American Life Adult Care (Lic #10821) with Limited Mental Health components had no deficiencies identified at time of the survey: