

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/24/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967763	(X3) DATE SURVEY COMPLETED R 04/30/2018
NAME OF PROVIDER OR SUPPLIER ALF FAMILY CARE II, CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 13480 SW 89TH TERRACE MIAMI, FL 33186	

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

0000 - Initial Comments

A Standard Biennial survey revisit was conducted on 04/30/2018. ALF Family Care II Corp. with a Limited Mental Health component license #11768 had no deficiencies found at the time of the survey.