STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964616	R **05/01/2018**
NAME OF PROVIDER OR SUPPLIER **FARAH MICHELE ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **431 WEST 31 PLACE** **HIALEAH, FL 33012**	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on May 01, 2018. Farah Michele ALF, Inc (license #9278) had no deficiencies identified at the time of the survey.