

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 06/05/2018  
FORM APPROVED

|                                                                      |                                                                                            |                                                                     |
|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                            | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11968967</b>                | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><br><b>05/15/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>HERMANOS VAZQUEZ ALF CORP</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>15578 SW 10TH ST</b><br><b>MIAMI, FL 33194</b> |                                                                     |

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

**0000 - Initial Comments**

A Standard Biennial Revisit survey was conducted on 05/15/2018. Hermanos Vazquez ALF corp. with standard license (AL 12825) had no deficiencies identified at time of the survey: