STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968296	R **05/15/2018**
NAME OF PROVIDER OR SUPPLIER **TIKAS ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **14822 GARDEN DR** **MIAMI, FL 33168**	

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

0000 - Initial Comments

A Revisit to Standard Biennial Survey was conducted on May 15, 2018. Tikas ALF Inc. (License #12200) with Limited Mental Health component had no deficiencies identified at time of the survey.