| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11953536** | R<br>**05/16/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**BETTER LIFE ALF** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**5750 NW 192 STREET**<br>**MIAMI, FL 33015** | |

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

**0000 - Initial Comments**

A Standard Biennial Survey Second Revisit was conducted on May 16, 2018. Better Life ALF (License # 8874) had no deficiencies identified at the time of the survey.