

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/27/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932520	(X3) DATE SURVEY COMPLETED R 06/11/2018
NAME OF PROVIDER OR SUPPLIER OUR FAMILYASSISTED LIVING FACILITY III, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1310 SW 76TH AVENUE MIAMI, FL 33144	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Complaint (CCR #2018000845) Survey revisit was conducted ion 06/11/2018. Our Family Assisted Living III, Inc. with Limited Mental Health component (license #4064) had no deficiencies identified at the time of the survey.		