STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965409	**05/24/2018**
NAME OF PROVIDER OR SUPPLIER **CARY CRIST HOME CARE ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1706 SW 136 PLACE** **MIAMI, FL 33175**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on 05/24/2018. Cary Crist Home Care ALF, Inc with Limited Mental Health service component license # 9796 had no deficiencies identified at the time of the survey.