

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/03/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966751	(X3) DATE SURVEY COMPLETED 05/30/2018
NAME OF PROVIDER OR SUPPLIER VICKY'S ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 12438 S W 266 LANE HOMESTEAD, FL 33032	

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

0000 - Initial Comments

An Abbreviated Biennial survey was conducted on 05/30/2018. Vicky's ALF with limited mental health component (License #10893) did not have deficiencies identified at the time of the survey.