

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/03/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967287	(X3) DATE SURVEY COMPLETED R 06/13/2018
NAME OF PROVIDER OR SUPPLIER FAMILY FIRST ALF, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 15600 SW 143 AVENUE MIAMI, FL 33177	

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

0000 - Initial Comments

A Standard Biennial Second Revisit Survey was conducted on 06/13/2018. Family First ALF Inc.with Limited Mental Health component license #11365 had no deficiencies identified at the time of the survey: