

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/09/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967871	(X3) DATE SURVEY COMPLETED 05/31/2018
NAME OF PROVIDER OR SUPPLIER PETSHIRL GROUP HOME, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 8361 N E 3RD AVENUE MIAMI, FL 33138	

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

0000 - Initial Comments

A Full Monitoring Survey was conducted on May 31, 2018. Petshirl Group Home Inc. (license # 11895) with Limited Mental Health component had deficiencies identified under the Standard Biennial Survey.