

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/09/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968275	(X3) DATE SURVEY COMPLETED R 06/04/2018
NAME OF PROVIDER OR SUPPLIER OSMANI M ALF LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 26423 SW 122 PLACE HOMESTEAD, FL 33032	

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

0000 - Initial Comments

A Biennial revisit survey was conducted on June 4th, 2018. Osmani M Alf Llc (license #12215) with limited mental health component did not have deficiencies identified at the time of the survey.