STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967495	R **06/27/2018**
NAME OF PROVIDER OR SUPPLIER **HAPPY LIFE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **14785 COOLIDGE LANE** **HOMESTEAD, FL 33033**	

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

0000 - Initial Comments

A Change Of Ownership Survey revisit was conducted on 06/27/2018. Happy Life Alf Inc., with a Limited Mental Health component, license #11541, had no deficiencies identified at the time of the survey.