STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968947	R **06/27/2018**
NAME OF PROVIDER OR SUPPLIER **A SENIOR LIVING DREAM LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **13442 SW 284TH ST** **HOMESTEAD, FL 33033**	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 06/27/2018. A Senior Living Dream Llc, with limited mental health component and license # 12831, had no deficiencies identified at the time of the survey.