STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967330	R **07/03/2018**
NAME OF PROVIDER OR SUPPLIER **MERCY & MICHAEL ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3000-3002 SW 23 TERRACE** **MIAMI, FL 33145**	

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

0000 - Initial Comments

A Standard Biennial Re-visit Survey was conducted on 07/03/18. Mercy & Michael ALF, Inc. (license #11389) with Limited Mental Health component had no deficiencies found at the time of the survey.