

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967322	(X3) DATE SURVEY COMPLETED R 07/09/2018
NAME OF PROVIDER OR SUPPLIER CARING HANDS ASSISTED LIVING, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 12735 NORTH MIAMI AVENUE MIAMI, FL 33168	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Surveyor: Chantez, Lourdes A Complaint Investigation (CCR #2017011062) third revisit survey was conducted on July 9, 2018 at Caring Hands Assisted Living, Inc. License 11406. Deficiencies identified at the time of the survey were cited under the biennial re-licensure inspection conducted on the same day (Aspen ID 9PN112).		