STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968378	**07/12/2018**
NAME OF PROVIDER OR SUPPLIER **HOLY FAMILY GROUP HOME ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **920 SW 93 AVENUE** **MIAMI, FL 33174**	

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

0000 - Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on July 12, 2018. Holy Family Group Home ALF Inc. (AL#12282) with Limited Nursing Services and Limited Mental Health components had deficiencies identified under the biennial at the time of the survey.