

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967137	(X3) DATE SURVEY COMPLETED 07/02/2018
NAME OF PROVIDER OR SUPPLIER A-1 ASSISTED LIVING FACILITY LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 9410 SW 52 TERRACE MIAMI, FL 33165	

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

0000 - Initial Comments

Two off hours complaint surveys (CCR#2018008821 and 2018005796) were conducted on 07/02/18. A-1 Assisted Living Facility, LLC with a Limited Mental Health component license #11228 had no deficiencies found at the time of the survey.