STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967641	R **07/19/2018**
NAME OF PROVIDER OR SUPPLIER **FLORIDA HOME CARE ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2931 NW 106 STREET** **MIAMI, FL 33147**	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on from 07/18/18. Florida Home Care ALF Inc. (License #11682) with Limited Nursing Services and Limited Mental Health components had no deficiencies identified at the time of the survey.