STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965543	R **08/03/2018**
NAME OF PROVIDER OR SUPPLIER **AMIGOS ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **5701 NORTHWEST 110TH STREET** **HIALEAH, FL 33012**	

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

0000 - Initial Comments

An Abbreviated Biennial Survey Revisit was conducted on August 03, 2018. Amigos ALF (license #9906) with a limited mental health component had no deficiencies identified at time of the survey.