

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/14/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968378	(X3) DATE SURVEY COMPLETED R 08/28/2018
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 An Abbreviated Biennial Survey revisit was conducted on 08/28/2018. Holy Family Group Home ALF Inc. (AL#12282) with Limited Nursing Services and Limited Mental Health components had no deficiencies identified at the time of the survey.		