

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/14/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966704	(X3) DATE SURVEY COMPLETED R 08/15/2018
NAME OF PROVIDER OR SUPPLIER KELLEY ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 10410 SW 127TH AVENUE MIAMI, FL 33186	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Standard Biennial Survey revisit was conducted on 08/15/2018. Kelley ALF with a standard license # 10880 had no deficiencies identified at the time of the survey.		