

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

**PRINTED: 09/26/2018  
FORM APPROVED**

|                                                                                                                                                                                                                                                           |                                                                                       |                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                                                                                                                                                                                 | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11967751</b>           | (X3) DATE SURVEY COMPLETED<br><br><b>R<br/>09/04/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>WATERWAY HOMES ALF INC</b>                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>5895 SW 35 STREET<br/>MIAMI, FL 33155</b> |                                                           |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                   |                                                                                       |                                                           |
| <p><b>0000 - Initial Comments</b></p> <p>A Standard Biennial 2nd Revisit Survey was conducted on 09/04/2018. Waterway Homes ALF, Inc. (license #11862) had deficiencies identified at the time of survey cited under the generator monitoring survey.</p> |                                                                                       |                                                           |