STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966999	R **09/04/2018**
NAME OF PROVIDER OR SUPPLIER **VICKY'S HOME ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **6402 SW 41 STREET** **MIAMI, FL 33155**	

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

0000 - Initial Comments

A Standard Biennial 4th revisit survey was conducted on 09/04/2018. Vicky's Home ALF with limited mental health component, (license #11137), had no deficiencies identified at the time of the survey.