

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/09/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967931	(X3) DATE SURVEY COMPLETED 08/30/2018
NAME OF PROVIDER OR SUPPLIER CLARA & ANGEL ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 5180 NW 2 STREET MIAMI, FL 33126	

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

0000 - Initial Comments

A Standard Biennial survey and a Generator Monitoring survey was conducted on 08/30/2018. Clara & Angel ALF with limited mental health, license #11926, had no deficiencies identified at the time of the survey: