

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/05/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966547	(X3) DATE SURVEY COMPLETED R 10/16/2018
NAME OF PROVIDER OR SUPPLIER ADA ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 683 NW 122 Place MIAMI, FL 33182	

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

0000 - Initial Comments

A complaint investigation fourth revisit survey (CCR#2017002266) was conducted on 10/10/18. Ada ALF, License #10770, had no deficiencies identified at the time of the survey.