STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967458	R **10/11/2018**
NAME OF PROVIDER OR SUPPLIER **DADE COUNTY ADULT LIVING FACILITY GROUP CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **15135 SW 128 COURT** **MIAMI, FL 33186**	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 10/11/2018. Dade County Adult Living Facility Group Corp with a Limited Mental Health component (Lic # 11497) had no deficiencies identified at the time of the survey: