

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/26/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967324	(X3) DATE SURVEY COMPLETED R 11/02/2018
NAME OF PROVIDER OR SUPPLIER SHALOM ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 441 NW 33 AVE MIAMI, FL 33125	

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

0000 - Initial Comments

A complaint (2018012641) revisit survey was conducted on October 02, 2018. Shalom ALF (License #11381) had no deficiencies identified at the time of the survey.