

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/26/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968471	(X3) DATE SURVEY COMPLETED 11/05/2018
NAME OF PROVIDER OR SUPPLIER MOON RIVER ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 2811 NW 88 STREET MIAMI, FL 33147	

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

0000 - Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on November 05, 2018. Moon River ALF, Llc. (License # 12364) with Limited Nursing Services component had no deficiencies identified at the time of the survey.