

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/12/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969155	(X3) DATE SURVEY COMPLETED 11/05/2018
NAME OF PROVIDER OR SUPPLIER ACHOY ASSISTED LIVING INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3601 W 11 AVE HIALEAH, FL 33012	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on 11/05/2018. Achoy Assisted Living, Inc., with a Limited Mental Health component had no deficiencies identified at the time of the survey.