STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966851	**11/29/2018**
NAME OF PROVIDER OR SUPPLIER **PEACE & CARE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **8121 NW 200 TERRACE** **MIAMI GARDENS, FL 33015**	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on 11/29/18. Peace & Care ALF with limited mental health component did not have any deficiencies identified during the survey.