

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/26/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969132	(X3) DATE SURVEY COMPLETED R 12/06/2018
NAME OF PROVIDER OR SUPPLIER M & Y ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 21940 OLD CUTLER RD MIAMI, FL 33190	

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

0000 - Initial Comments

A Standard Biennial Survey Revisit was conducted on December 06, 2018. M & Y ALF Inc. with Limited Mental Health component had no deficiencies identified at the time of the survey.