STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932520	R **12/17/2018**
NAME OF PROVIDER OR SUPPLIER **OUR FAMILYASSISTED LIVING FACILITY III, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1310 SW 76TH AVENUE** **MIAMI, FL 33144**	

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

0000 - Initial Comments

A Standard Biennial Survey Revisit was conducted on December 18, 2018. Our Family Assisted Living Facility III (license #4064) with Limited Mental Health component had no deficiencies identified at time of the survey.