STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966547	R **12/06/2018**
NAME OF PROVIDER OR SUPPLIER **ADA ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **683 NW 122 Place** **MIAMI, FL 33182**	

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

0000 - Initial Comments

A Standard Biennial 2nd Revisit Survey was conducted on 12/06/2018. Ada ALF Inc had no deficiencies identified at the time of the survey.