STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969121	R **12/06/2018**
NAME OF PROVIDER OR SUPPLIER **BEYOND OUR DREAMS ALF CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **13434 SW 257 TERR** **MAIMI, FL 33032**	

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

0000 - Initial Comments

A standard biennial re-visit survey was conducted on 12/06/18. Beyond Our Dreams ALF Corp. had no deficiencies identified at the time of the survey.