

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 01/10/2019
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964681	(X3) DATE SURVEY COMPLETED R 12/03/2018
NAME OF PROVIDER OR SUPPLIER CORAL TERRACE ALF, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 6744 SW 22 STREET MIAMI, FL 33155	

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

0000 - Initial Comments

A Standard Biennial Survey revisit was conducted on 12/05/18. Coral Terrace ALF Inc (License # 9226) had no deficiencies identified at the time of the survey.