STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969472	R **12/27/2018**
NAME OF PROVIDER OR SUPPLIER **UNITED LIVES LEISURE FACILITIES, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **24167 SW 114TH CT** **HOMESTEAD, FL 33032**	

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

0000 - Initial Comments

An Initial Licensure Revisit Survey was conducted on December 27th, 2018. United Lives Leisure Facility, Inc did not have deficiencies identified at the time of the survey. A recommendation will be forwarded to the licensure unit for a standard license with Limited Mental Health component with a capacity of 6 beds.