

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/16/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964899	(X3) DATE SURVEY COMPLETED R 01/03/2019
NAME OF PROVIDER OR SUPPLIER ST JOSEPH ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 16100 SW 101 AVE MIAMI, FL 33157	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on 01/03/2019. St Joseph ALF with Limited Mental Health component had no deficiencies identified at the time of the survey.