

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/21/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967061	(X3) DATE SURVEY COMPLETED 01/31/2019
NAME OF PROVIDER OR SUPPLIER MY NEW HOME ALF I, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7151 SW 42ND STREET MIAMI, FL 33155	

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

0000 - Initial Comments

A Complaint (CCR #2019001212) Survey was conducted on 01/31/19. My New Home ALF I with Limited Mental Health component had deficiencies identified at the time of the survey cited under the biennial revisit.