STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966920	**02/19/2019**
NAME OF PROVIDER OR SUPPLIER **GOOD LIFE ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7746 NW 201 TERRACE** **HIALEAH, FL 33015**	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on 02/19/2019. Good Life ALF inc. had no deficiencies at the time of the survey.