STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969180	R **02/25/2019**
NAME OF PROVIDER OR SUPPLIER **MY DREAM ALF LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **55 NE 193RD TERR** **MIAMI, FL 33179**	

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

0000 - Initial Comments

A Second Follow Up Visit to a Complaint (CCR#2018012354) Investigation Survey was conducted on 02/25/19. My Dream ALF, LLC. had no deficiencies identified at the time of the survey.