

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/28/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967992	(X3) DATE SURVEY COMPLETED R 02/26/2019
NAME OF PROVIDER OR SUPPLIER KENDALL ALF II, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 10230 SW 91 STREET MIAMI, FL 33176	

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

0000 - Initial Comments

A Standard Biennial 2nd Revisit Survey was conducted on 02/26/2019. Kendall ALF II, Inc. with a standard license, had no deficiencies identified at the time of survey.