STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964978	R **02/27/2019**
NAME OF PROVIDER OR SUPPLIER **HUMBLE CARE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **14651 SW 161 STREET** **MIAMI, FL 33177**	

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

0000 - Initial Comments

A Standard Biennial Survey Revisit was conducted on February 27, 2019. Humble Care ALF, with a standard license had no deficiencies identified at the time of the survey.