STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964920	R **02/26/2019**
NAME OF PROVIDER OR SUPPLIER **A HOME AWAY FROM HOME ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1851 SW 142nd AVENUE** **MIAMI, FL 33175**	

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

0000 - Initial Comments

A Standard Biennial Revisit survey was conducted on 02/26/19. A Home Away From Home ALF. Inc. had no deficiencies identified at the time of the survey.