

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/28/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967137	(X3) DATE SURVEY COMPLETED R 02/26/2019
NAME OF PROVIDER OR SUPPLIER A-1 ASSISTED LIVING FACILITY LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 9410 SW 52 TERRACE MIAMI, FL 33165	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Fourth Follow Up Visit to a Complaint Investigation (CCR 2017002946) was conducted on 02/26/19. A-1 Assisted Living Facility with Limited Mental Health component had no deficiencies identified at the time of the visit.		