

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/12/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967577	(X3) DATE SURVEY COMPLETED R 03/26/2019
NAME OF PROVIDER OR SUPPLIER CALVINELLE ADULT HOME ALF #2	STREET ADDRESS, CITY, STATE, ZIP CODE 1786 NW 47 TERRACE MIAMI, FL 33142	

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

0000 - Initial Comments

A Extended Congregate Care Monitoring Survey was conducted on March 26, 2019. Calvinelle Adult Home ALF # 2 with Extended Congregate Care and Limited Mental Health components had deficiencies identified under the biennial survey, Event ID#5JXW11.