

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/30/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963775	(X3) DATE SURVEY COMPLETED 04/02/2019
NAME OF PROVIDER OR SUPPLIER ADAM HOME # 2 INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1045 WEST 2 AVENUE HIALEAH, FL 33010	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted at Adam Home #2 with on April 03, 2019. The facility had no deficiencies identified at the time of survey.