

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/02/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969470	(X3) DATE SURVEY COMPLETED 04/16/2019
NAME OF PROVIDER OR SUPPLIER WE ARE FAMILY ALF, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7135 COCONUT BLVD WEST PALM BEACH, FL 33412	

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

0000 - Initial Comments

An announced initial licensure survey was conducted at We Are Family ALF on 04/16/2019. The Provider had no deficiencies at the time of the visit.