

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/02/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969108	(X3) DATE SURVEY COMPLETED R 04/10/2019
NAME OF PROVIDER OR SUPPLIER AN EXCELLENT CARE ALF LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 16251 SW 248TH ST HOMESTEAD, FL 33031	

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

0000 - Initial Comments

A revisit to a complaint survey (complaint number 2018017463) was conducted at An Excellent Care ALF LLC on 04/10/19. An Excellent Care ALF LLC. had no deficiencies at the time of the visit.