STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968947	R **04/10/2019**
NAME OF PROVIDER OR SUPPLIER **A SENIOR LIVING DREAM LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **13442 SW 284TH ST** **HOMESTEAD, FL 33033**	

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

0000 - Initial Comments

A Follow-up visit to a complaint investigation (complaint #2018017467) was conducted at A Senior Living Dream LLC on 04/10/19. A Senior Living Dream LLC had no deficiencies at the time of the visit.