STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967495	R **04/12/2019**
NAME OF PROVIDER OR SUPPLIER **HAPPY LIFE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **14785 COOLIDGE LANE** **HOMESTEAD, FL 33033**	

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

0000 - Initial Comments

A Complaint inspection revisit (complaint #2018017938) was conducted at Happy Life Alf on 04/12/19.
The facility did not have deficiencies identified at the time of the survey.