| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968471** | R<br>**05/01/2019** |
| NAME OF PROVIDER OR SUPPLIER<br>**MOON RIVER ALF** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**2811 NW 88 STREET**<br>**MIAMI, FL 33147** | |

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

**0000 - Initial Comments**

A Revisit to Biennial Survey was conducted at Moon River ALF on May 01, 2019. Deficiencies were found to be corrected at the time of the survey.