STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968296	R **05/01/2019**
NAME OF PROVIDER OR SUPPLIER **TIKAS ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **14822 GARDEN DR** **MIAMI, FL 33168**	

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

0000 - Initial Comments

A Third Follow Up Visit to a Complaint Investigation (2018008869) was conducted at Tikas ALF Inc. on 05/01/2019. The facility had no deficiencies at the time of the survey.