

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/17/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968467	(X3) DATE SURVEY COMPLETED R 04/30/2019
NAME OF PROVIDER OR SUPPLIER AMIGOS HOME ALF CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 8360 SW 43 TERRACE MIAMI, FL 33155	

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

0000 - Initial Comments

A 2nd revisit to a Standard relicensure survey was conducted at Amigos home ALF on 04/30/2019. The provider had no deficiencies identified at the time of the visit.