

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964369	(X3) DATE SURVEY COMPLETED 04/10/2017
NAME OF PROVIDER OR SUPPLIER PALMETTO ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 6826 WEST 25 COURT HIALEAH, FL 33016	

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

0000 - Initial Comments

A limited nursing services monitoring survey was conducted on April 10th, 2017. Palmetto Alf Inc. with limited nursing services and limited mental health components and license number 9105 had deficiencies identified at the time of the survey cited under biennial survey.