

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/01/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964369	(X3) DATE SURVEY COMPLETED 02/08/2018
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 February 08, 2018. Palmetto ALF Inc. (License # 9105) with Limited Nursing Services and Limited Mental health component did not have deficiencies identified at the time of the survey.