

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/13/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911674	(X3) DATE SURVEY COMPLETED R 03/26/2018
NAME OF PROVIDER OR SUPPLIER ALICE'S HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 12795 NW 10TH LANE MIAMI, FL 33182	

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

0000 - Initial Comments

A standard biennial survey revisit was conducted on 03/26/2018. Alice's Home Corp, Inc (License # 7844), with an Extended Congregate Care component, had no deficiencies identified at the time of the survey.