STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965431	**07/19/2016**
NAME OF PROVIDER OR SUPPLIER **ALF FAMILY PALACE CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **7521 WEST 30TH LANE** **HIALEAH, FL 33018**	

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

0000 Initial Comments

A Monitoring Survey was conducted on July 19, 2016. ALF Family Palace Corp. (AL #9785) with limited Mental Health component had no deficiencies identified at the time of the survey.