

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/21/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965360	(X3) DATE SURVEY COMPLETED 11/09/2016
NAME OF PROVIDER OR SUPPLIER CASANOVA ALF #3	STREET ADDRESS, CITY, STATE, ZIP CODE 2461 WEST 72ND PLACE HIALEAH, FL 33010	

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

0000 Initial Comments

A Monitoring visit was conducted on 11/09/16. Casanova Alf #3, license number 9749, had no deficiencies found at the time of the survey.