STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965060	**02/02/2017**
NAME OF PROVIDER OR SUPPLIER **ALEA ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **5304 NW 16TH STREET** **LAUDERHILL, FL 33313**	

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

0000 - Initial Comments

An unannounced licensure complaint survey CCR #2016013180 was conducted on 2/2/2017 at Alea Assisted Living Facility (License # 9465). The facility had no deficiencies identified at the time of the visit.