STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968799	**03/01/2017**
NAME OF PROVIDER OR SUPPLIER **JOSEFA'S ALF CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **3567 BALI DR** **SARASOTA, FL 34232**	

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

0000 - Initial Comments

An unannounced complaint survey for CCR#2017000252 was conducted on 3/1/17 at Josefa Alf Corp, an ssisted living facility (license #12682) in Sarasota, Florida.

The complaint contained 1 allegation, which 1 was unsubstantiated.

No deficiencies were found at the time of the visit.