STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969161	**03/02/2017**
NAME OF PROVIDER OR SUPPLIER **LLINA'S ALF LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **28122 SW 160 ST** **HOMESTEAD, FL 33033**	

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

0000 - Initial Comments

An Initial Survey for licensure was conducted on March 02, 2017. Llina's ALF had no deficiencies identified at the time of the survey. The facility will be recommended for a Standard license with a capacity of 6 residents.