

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/07/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911029	(X3) DATE SURVEY COMPLETED 03/20/2017
NAME OF PROVIDER OR SUPPLIER JC & C ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 158 WEST 10 STREET HIALEAH, FL 33010	

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

0000 - Initial Comments

A Complaint investigation (CCR 2017000026) survey was conducted on 03/20/17. JC & C ALF, LLC with a Limited Mental Health Component, License# 7679 had no deficiencies found at the time of the survey.