| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968213** | **03/28/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**LA FINCA ALF, INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**17705 SW 218 STREET**<br>**MIAMI, FL 33170** | |

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

**0000 - Initial Comments**

A Limited Nursing Services Monitoring Survey was conducted on March 28, 2017. La Finca ALF, Inc. (License # 12146) did not renew the Limited Nursing Services and the limited Mental Health components in the license.