STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969184	**05/03/2017**
NAME OF PROVIDER OR SUPPLIER **SEVILLA ALF LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **12199 SW 51 ST** **MIAMI, FL 33175**	

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

0000 - Initial Comments

An Initial Survey was conducted on April 17, 2017 and concluded on May 3, 2017. Sevilla ALF, LLC with Limited Mental Health component with six beds had no deficiencies found at time of the survey.