STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968470	**05/04/2017**
NAME OF PROVIDER OR SUPPLIER **REDLAND ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **20555 SW 187 AVE** **MIAMI, FL 33187**	

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

0000 - Initial Comments

A limited nursing services monitoring survey was scheduled on May 4th, 2017. Redland Alf Inc with limited mental health and limited nursing services components and license #12377 decided to surrender the license to the agency.