STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967824	R **05/04/2017**
NAME OF PROVIDER OR SUPPLIER **ALFONSO'S ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **17010 SW 100 AVENUE** **MIAMI, FL 33157**	

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

0000 - Initial Comments

A complaint Investigation Re-Visit Survey CCR#2017001118, 2017001257, and 2017001299 was conducted on 05/04/17. Alfonso's ALF Inc. with a Limited Mental Health component, License # 11816 had no deficiencies found at the time of the survey.