

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/31/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968799	(X3) DATE SURVEY COMPLETED R 05/16/2017
NAME OF PROVIDER OR SUPPLIER JOSEFA'S ALF CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 3567 BALI DR SARASOTA, FL 34232	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced revisit survey was conducted on 5/16/17 at Josefa's ALF Corp, an assisted living facility (license # 12682) located in Sarasota, Florida. This was a follow-up to the biennial survey completed on 3/1/17. The previous deficiencies were found corrected and no new deficiencies were identified.		