

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 06/15/2017
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965827	(X3) DATE SURVEY COMPLETED R 05/10/2017
NAME OF PROVIDER OR SUPPLIER ALF SEVILLA HOME CARE CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 10844 SW 154 TERRACE MIAMI, FL 33157	

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

0000 - Initial Comments

A standard Biennial fourth Revisit Survey was conducted on May 10th , 2017. ALF Sevilla Home Care with limited mental health component and license number 10152 had no deficiency identified at the time of the survey.