STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965060	R **07/11/2017**
NAME OF PROVIDER OR SUPPLIER **ALEA ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **5304 NW 16TH STREET** **LAUDERHILL, FL 33313**	

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

0000 - Initial Comments

A desk review revisit to the Relicensure survey was conducted on 07/11/2017 for Alea Assisted Living Facility, License # 9465. The facility had no deficiencies at the time of the revisit.