STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966481	R **06/28/2017**
NAME OF PROVIDER OR SUPPLIER **ALF MI SEVILLA HOME CARE CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **8331 SW 27 ST** **MIAMI, FL 33155**	

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

0000 - Initial Comments

A Revisit Survey was conducted on 06/28/2017. ALF Mi Sevilla Home Care Corp, License #10660 had no deficiencies found at time of survey.