STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966572	**06/29/2017**
NAME OF PROVIDER OR SUPPLIER **CORNELL ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **581-583 CENTRAL BOULEVARD** **MIAMI, FL 33144**	

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

0000 - Initial Comments

A resident status monitoring inspection was conducted on 6-29-17. Cornell Assisted Living Facility (License #10755) had no deficiencies identified at the time of the survey.