STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968047	R **07/19/2017**
NAME OF PROVIDER OR SUPPLIER **TROPICAL ALF (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **8495 SW 40 TERR** **MIAMI, FL 33155**	

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

0000 - Initial Comments

An Abbreviated Biennial Revisit Survey was conducted on 07/19/2017. Tropical ALF (The) with limited mental health component License #12024, had no deficiencies identified at the time of survey.