| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11966015** | R<br>**06/29/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**ADVANCED ALF CORP** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**14335 SW 288 STREET**<br>**HOMESTEAD, FL 33033** | |

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

**0000 - Initial Comments**

A Complaint Revisit Survey was conducted on 06/29/2017. Advanced ALF Corp with limited mental health component (license #10348) had no deficiencies identified at the time of the survey: