STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965827	**06/27/2017**
NAME OF PROVIDER OR SUPPLIER **ALF SEVILLA HOME CARE CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **10844 SW 154 TERRACE** **MIAMI, FL 33157**	

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

0000 - Initial Comments

A monitoring to check for residents' wellness and moratorium compliance was conducted on . ALF Sevilla Home Care Corp., with a Limited Mental Health component (Lic #10152), had the following deficiency identified at the time of the survey:

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview the facility failed to provide documentation of current liability insurance.

Findings:

Record review showed the facility's liability insurance expired on .

On at 11:00 a.m. the assistant administrator stated the liability insurance was expired because the company did not want to renew it.

Class III