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

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

0000 - Initial Comments

An Abbreviated Biennial Second Revisit survey was conducted on 06/29/2017. Advanced ALF Corp with limited mental health component and license #10348 had no deficiencies at the time of survey.