

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/01/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967824	(X3) DATE SURVEY COMPLETED R 07/17/2017
NAME OF PROVIDER OR SUPPLIER ALFONSO'S ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 17010 SW 100 AVENUE MIAMI, FL 33157	

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

0000 - Initial Comments

A complaint (CCR#2017002675) revisit survey was conducted on July 17th, 2017. Alfonso's ALF Inc. with a Limited Mental Health component, License # 11816 did not have deficiencies found at the time of the survey.