STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969229	**08/14/2017**
NAME OF PROVIDER OR SUPPLIER **ABUELOS ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1031 NW 39 CT** **MIAMI, FL 33126**	

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

0000 - Initial Comments

A Initial Survey was conducted on August 14, 2017. Abuelos ALF, Inc. had no deficiencies identified at the time of the survey. A recommendation will be sent to Tallahassee to grant an assisted living facility license with a capacity for 6 beds and Limited Mental Health component.