STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969254	**08/16/2017**
NAME OF PROVIDER OR SUPPLIER **ESPERANZA'S ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **14336 SW 172 ST** **MIAMI, FL 33177**	

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

0000 - Initial Comments

An Initial Survey for licensure was conducted on August 16, 2017. Esperanza ALF had no deficiencies identified at the time of the survey. The facility will be recommended for a Standard license with Limited Mental Health Component and a capacity of 6 residents.