STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953397	**09/06/2017**
NAME OF PROVIDER OR SUPPLIER **ALBORADA FAMILY HOME ALF LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5524 SW 5 STREET** **MIAMI, FL 33134**	

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

0000 - Initial Comments

A Standard Biennial Survey was done on 9/06/17. Alborada Family Home ALF LLC (License #8549) with Limited Mental Health component had no deficiencies identified at the time of the survey.