STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910969	R **09/27/2017**
NAME OF PROVIDER OR SUPPLIER **JESUS OF NAZARETH ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2801-2803 SW 37TH COURT** **MIAMI, FL 33134**	

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

0000 - Initial Comments

A standard biennial second revisit survey was conducted on 09/27/17. Jesus of Nazareth ALF with a limited mental health component (AL # 4911) had no deficiencies found at the time of the survey.