

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/30/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966572	(X3) DATE SURVEY COMPLETED 10/09/2017
NAME OF PROVIDER OR SUPPLIER CORNELL ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 581-583 CENTRAL BOULEVARD MIAMI, FL 33144	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An Abbreviated Biennial Survey was conducted on 10/09/2017. Cornell ALF with standard license (AL 10755) had no deficiencies identified at the time of the visit.		