STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912008	**10/11/2017**
NAME OF PROVIDER OR SUPPLIER **ANGELES ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **10923 SW 5 STREET** **MIAMI, FL 33174**	

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

0000 - Initial Comments

A Standard Biennial Survey conducted on October 11, 2017. Angeles Alf Inc (License #7956) with Limited Mental Health (LMH) component. No deficiencies were identified at the time of the survey.