STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964867	R **11/28/2017**
NAME OF PROVIDER OR SUPPLIER **HERNANDEZ & SONS ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7265 NW 5 STREET** **MIAMI, FL 33126**	

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

0000 - Initial Comments

A Standard Biennial desk review survey revisit was completed on 11/28/17 for Hernandez & Sons ALF Inc with Limited Mental Health Services (AL 9720).