STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968740	R **11/21/2017**
NAME OF PROVIDER OR SUPPLIER **STELLAR ALF, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **14502 ROSEWOOD RD** **MIAMI LAKES, FL 33014**	

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

0000 - Initial Comments

A Change of Ownership Survey Revisit was conducted on November 21, 2017. Stellar ALF, Llc. (AL #2608) with Limited Mental Health component had no deficiencies found at the time of the survey.