STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965178	R **11/07/2017**
NAME OF PROVIDER OR SUPPLIER **EDELMIRA ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **19720 SW 116 AVENUE** **MIAMI, FL 33157**	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 11/07/2017. Edelmira ALF with Limited Mental Health component License #9683 had no deficiencies found at time of the survey.