STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967019	**11/15/2017**
NAME OF PROVIDER OR SUPPLIER **ALF FAMILY CARE CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **14381 SW 159 TERRACE** **MIAMI, FL 33177**	

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

0000 - Initial Comments

A Biennial survey was conducted on 11/15/2017. Alf Family Care Corp. with standard license (AL 11118) had no deficiencies identified at the time of the visit.