

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/27/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965359	(X3) DATE SURVEY COMPLETED 12/04/2017
NAME OF PROVIDER OR SUPPLIER YESENIA ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 15608 SW 63 TERRACE MIAMI, FL 33193	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A standard biennial survey was conducted on 12/04/17. Yesenia ALF Inc. with a Standard license (#9799) did not have deficiencies found at the time of the survey.		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/27/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965359	(X3) DATE SURVEY COMPLETED 12/04/2017
NAME OF PROVIDER OR SUPPLIER YESENIA ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 15608 SW 63 TERRACE MIAMI, FL 33193	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A standard biennial survey was conducted on 12/04/17. Yesenia ALF Inc. with a Standard license (#9799) did not have deficiencies found at the time of the survey.		