| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11966629** | **12/05/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**SHALON ALF** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**7046 S W 103 PLACE**<br>**MIAMI, FL 33173** | |

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

**0000 - Initial Comments**

A Complaint (CCR#2017011850) Survey was conducted on 12/05/17. Shalon ALF with a Standard license (#10809) had deficiencies found at the time of the survey cited under the Biennial.