STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968250	R **12/13/2017**
NAME OF PROVIDER OR SUPPLIER **CALVINELLE SOUTH ASSISTED LIVING FACILITY INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1750 NW 41 STREET** **MIAMI, FL 33142**	

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

0000 - Initial Comments

A second follow up complaint Investigation CCR#2017004925 Survey was conducted on 12/13/17. Calvinelle South ALF Inc with Limited Mental Health and Limited Nursing Service components License # 12229 had no deficiencies found at the time of the survey: