STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911830	**12/11/2017**
NAME OF PROVIDER OR SUPPLIER **ALF MANAGEMENT AND PROFESSIONAL SERVICES,**	STREET ADDRESS, CITY, STATE, ZIP CODE **21 SW 75 AVENUE** **MIAMI, FL 33144**	

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

0000 - Initial Comments

A Limited Mental Health Expansion Survey was conducted on 11/28/17. ALF Management and Professional Services, Inc. component license (#5902) had no deficiencies found at time of the survey: