STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966896	**12/13/2017**
NAME OF PROVIDER OR SUPPLIER **KAYLA'S PLACE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3122 SW 151 COURT** **MIAMI, FL 33185**	

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

0000 - Initial Comments

A complaint (CCR#2017013166) survey was conducted on December 13th, 2017. Alf Kayla's Place Inc with license #11027 did not have deficiencies identifies at the time of the survey.