STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969297	**01/10/2018**
NAME OF PROVIDER OR SUPPLIER **MEDINA'S ALF CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **2443 NW 93 ST** **MIAMI, FL 33147**	

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

0000 - Initial Comments

An Initial Licensure Survey was conducted on 01/10/18. Medina's ALF Corp. (AL 11969297) with a Limited Mental Health component license had no deficiencies found at the time of the survey. A recommendaiton will be sent to the licensure unit for six beds.