STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967199	R **01/08/2018**
NAME OF PROVIDER OR SUPPLIER **CASA BONITA ALF LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **931 NE 17 TERRACE** **HOMESTEAD, FL 33033**	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on January 8th, 2018. Casa Bonita Alf Llc with the Limited Mental Health component, license #11281 did not have deficiencies identified at time of the survey.