STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969184	R **01/17/2018**
NAME OF PROVIDER OR SUPPLIER **SEVILLA ALF LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **12199 SW 51 ST** **MIAMI, FL 33175**	

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

0000 - Initial Comments

A complaint (CCR #2017007329) 2nd revisit survey was conducted on 01/17/2018. Sevilla Alf Llc. with limited mental health component (license #13008) did not have deficiencies identified at the time of the survey.