

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/22/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968213	(X3) DATE SURVEY COMPLETED 01/30/2018
NAME OF PROVIDER OR SUPPLIER LA FINCA ALF, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 17705 SW 218 STREET MIAMI, FL 33170	

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

0000 - Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on January 30th, 2018. La Finca Alf, Inc. with license #12146 did not have the license component at time of survey.