STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965803	R **03/13/2018**
NAME OF PROVIDER OR SUPPLIER **LA ROSA ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7865 WEST 5TH COURT** **HIALEAH, FL 33014**	

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

0000 - Initial Comments

An Abbreviated Biennial Survey Revisit was conducted on March 13, 2018. La Rosa ALF Inc. (License #10145) with Limited Mental Health component had no deficiencies identified at the time of the survey.