

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/26/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968202	(X3) DATE SURVEY COMPLETED 01/31/2018
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALF SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1250 NW 126 STREET MIAMI, FL 33167	

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

0000 - Initial Comments

An unannounced biennial survey was conducted at Community ALF (license 12150) in Miami, Florida from 1/31/2018 to 2/1/2018. No deficient practice was found at the time of the survey.

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