

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 03/26/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968983	(X3) DATE SURVEY COMPLETED 03/09/2018
NAME OF PROVIDER OR SUPPLIER ALELEA ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 13444 SW 22 TERR MIAMI, FL 33175	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Standard Biennial Survey was conducted on 03/09/2018. Alelea ALF Inc. (License # 12853) had no deficiencies identified at time of the survey:		