STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968202	R **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

A revisit related to complaint investigation (CCR 2017010891) 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 revisit.