STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911830	R **03/13/2018**
NAME OF PROVIDER OR SUPPLIER **ALF MANAGEMENT AND PROFESSIONAL SERVICES,**	STREET ADDRESS, CITY, STATE, ZIP CODE **21 SW 75 AVENUE** **MIAMI, FL 33144**	

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

0000 - Initial Comments

A Complaint (CCR #2017011394) Survey revisit was conducted on 03/12/2018. ALF Management and Professional Services, Inc., license #5902, had no deficiencies found at the time of the survey: