STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966481	R **03/12/2018**
NAME OF PROVIDER OR SUPPLIER **ALF MI SEVILLA HOME CARE CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **8331 SW 27 ST** **MIAMI, FL 33155**	

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

0000 - Initial Comments

A Complaint (CCR#2017011751) Re-visit Survey was conducted on 03/12/18. ALF Mi Sevilla Home Care Corp with Limited Mental Health component, license #10660 had no deficiencies found at the time of the survey.