

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/13/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966629	(X3) DATE SURVEY COMPLETED R 03/26/2018
NAME OF PROVIDER OR SUPPLIER SHALON ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 7046 S W 103 PLACE MIAMI, FL 33173	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 - Initial Comments

A Standard Biennial 2nd revisit survey was conducted on 03/26/2018. Shalon ALF (license #10809) had no deficiencies found at the time of the survey.