STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969320	R **03/28/2018**
NAME OF PROVIDER OR SUPPLIER **SHALOM ALF HOME LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2570 NE 215TH ST** **MIAMI, FL 33180**	

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

0000 - Initial Comments

An Initial Licensure Revisit Survey was conducted On 03/28/18 at Shalom ALF Home LLC. Shalom ALF Home had no deficiencies identified during the survey. A recommendation for a standard license with a capacity of 6 beds will be sent to the licensure unit.