STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968990	R **04/30/2018**
NAME OF PROVIDER OR SUPPLIER **STAYWELL ALF, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **16961 SW 149TH AVE** **MIAMI, FL 33187**	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 04/30/2018. Staywell ALF, LLC (License #12832) with a Limited Mental Health component had no deficiencies identified at the time of the survey.