STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967369	R **04/16/2018**
NAME OF PROVIDER OR SUPPLIER **JOSE YOANDRY ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **2916 NW 31ST STREET** **MIAMI, FL 33142**	

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

0000 - Initial Comments

A Abbreviated Biennial Survey Revisit was conducted on April 16, 2018. Jose Yoandry ALF Corp. (License # 11443) with Limited Mental Health component had no deficiencies identified at the time of the survey.