STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966998	R **04/16/2018**
NAME OF PROVIDER OR SUPPLIER **ARMERO TORRES ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3011 NW 52 STREET** **MIAMI, FL 33142**	

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

0000 - Initial Comments

A Standard Biennial Survey Revisit was conducted on April 16, 2018. Armero Torres ALF, Inc. (License # 11102) with Limited Mental Health component had no deficiencies identified at the time of the survey.