STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966584	R **04/17/2018**
NAME OF PROVIDER OR SUPPLIER **ANDALUSIA ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **360 EAST 65 STREET** **HIALEAH, FL 33013**	

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

0000 - Initial Comments

A Complaint (CCR#2018000361) Survey Revisit was conducted on April 17, 2018. Andalusia ALF, Inc. (AL#10771) with Limited Mental Health component had no deficiencies identified at the time of the survey.