STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968240	R **05/02/2018**
NAME OF PROVIDER OR SUPPLIER **BLESSING ALF LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1051 NE 154 TERRACE** **MIAMI, FL 33162**	

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

0000 - Initial Comments

A Follow Up Visit to a Standard Biennial Survey was conducted on 05/02/2018. Blessing ALF, License #12186, had deficiencies found at the time of the survey, cited under the complaint inspection conducted on the same day.