

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/05/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965853	(X3) DATE SURVEY COMPLETED R 05/10/2018
NAME OF PROVIDER OR SUPPLIER BOSCH ALF, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3060 NW 19 TERRACE MIAMI, FL 33125	

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

0000 - Initial Comments

A Complaint (CCR#2018015306) Revisit Survey was conducted on 05/10/2018. Bosch ALF, Inc (license #10199) had deficiencies identified at the time of the survey, cited under the Biennial Survey conducted at the same time.