

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/13/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968213	(X3) DATE SURVEY COMPLETED R 05/15/2018
NAME OF PROVIDER OR SUPPLIER LA FINCA ALF, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 17705 SW 218 STREET MIAMI, FL 33170	

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

0000 - Initial Comments

An Abbreviated Biennial Revisit Survey was conducted on 05/15/2018. La Finca Alf, Inc. with license #12146 had no deficiencies identified at the time of survey.