STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966704	R **05/22/2018**
NAME OF PROVIDER OR SUPPLIER **KELLEY ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **10410 SW 127TH AVENUE** **MIAMI, FL 33186**	

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

0000 - Initial Comments

A Complaint (CCR#2017007943) Third Revisit Survey was conducted on May 22nd, 2018. Kelley ALF with a standard license # 10880 had deficiencies identified at the time of the survey and cited under the standard biennial survey.