STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965853	R **06/11/2018**
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

An abbreviated survey revisit was conducted on 06/11/2018. Bosh Alf, Inc. with a Limited Mental Health component, (license # 10199) had no deficiencies found at the time of survey.