STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968214	R **06/28/2018**
NAME OF PROVIDER OR SUPPLIER **CLARY'S ALF CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **1715 SW 17 AVENUE** **MIAMI, FL 33145**	

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

0000 - Initial Comments

A Standard Biennial 2nd Revisit survey was conducted from 06/28/2018. Clary's ALF Corp with Limited Mental Health (LMH) component, license # 12152 had no deficiencies identified at the time of survey: