

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 07/30/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967824	(X3) DATE SURVEY COMPLETED 06/08/2018
NAME OF PROVIDER OR SUPPLIER ALFONSO'S ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 17010 SW 100 AVENUE MIAMI, FL 33157	

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

0000 - Initial Comments

A Resident Wellness Monitoring Survey was conducted on June 08, 2018. Alfonso ALF (license #11816) had deficiencies identified and cited under the complaint survey B15C 11.