STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969402	**07/03/2018**
NAME OF PROVIDER OR SUPPLIER **BLESSING TIME ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **11461 SW 214 ST** **MIAMI, FL 33189**	

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

0000 - Initial Comments

An Initial Survey for licensure was conducted on 07/03/2018. Blessing Time ALF had no deficiencies identified at the time of the survey. The facility will be recommended for a Standard license with Limited Mental Health Component and a licensed capacity of 6 beds.