

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 08/03/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965528	(X3) DATE SURVEY COMPLETED 07/12/2018
NAME OF PROVIDER OR SUPPLIER REYSE ALF CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 20-22 NW 40 COURT MIAMI, FL 33126	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on 07/12/18. Reyse ALF Corp. (License #9934) did not have deficiencies found at the time of the survey.