

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/21/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968337	(X3) DATE SURVEY COMPLETED R 08/16/2018
NAME OF PROVIDER OR SUPPLIER SELA ALF, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4080 NORTH 35TH AVENUE HOLLYWOOD, FL 33021	

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

0000 - Initial Comments

A Relicensure with Extended Congregate Care (ECC) revisit survey was conducted by desk review on 08/09/2018 through 08/16/2018 for Sela ALF, Inc, License #1223. The outstanding deficiency was corrected.