

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/27/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966351	(X3) DATE SURVEY COMPLETED 08/01/2018
NAME OF PROVIDER OR SUPPLIER TALIA ALF, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 14601 SW 50 TERRACE MIAMI, FL 33175	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on August 1, 2018. Talia Alf, Inc. (License #10562) with Limited Mental Health component had no deficiencies found at the time of survey.