| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11967824** | R<br>**09/07/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**ALFONSO'S ALF INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**17010 SW 100 AVENUE**<br>**MIAMI, FL 33157** | |

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

**0000 - Initial Comments**

A Standard Biennial 2nd Revisit Survey was conducted on 08/23/2018 & 09/07/2018. Alfonso's ALF Inc. with a Limited Mental Health component, License # 11816 had no deficiencies identified at the time of the survey.