

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/01/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911830	(X3) DATE SURVEY COMPLETED R 10/10/2018
NAME OF PROVIDER OR SUPPLIER ALF MANAGEMENT AND PROFESSIONAL SERVICES,	STREET ADDRESS, CITY, STATE, ZIP CODE 21 SW 75 AVENUE MIAMI, FL 33144	

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

0000 - Initial Comments

A follow-up visit to a Standard biennial survey was conducted at ALF Management and Professional Services Inc. on 10/10/18. ALF Management and Professional Services Inc. with a standard license (#5902) had no deficiencies found at the time of the survey.