

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/01/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967226	(X3) DATE SURVEY COMPLETED R 10/09/2018
NAME OF PROVIDER OR SUPPLIER ALF FAMILY SOLUTION CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 7235 SOUTH WATER WAY DRIVE MIAMI, FL 33155	

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

0000 - Initial Comments

An Abbreviated Biennial Revisit Survey was conducted on October 09, 2018. ALF Family Solution Corp (license #11312) no deficiencies identified at time of the survey.