STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966792	R **10/26/2018**
NAME OF PROVIDER OR SUPPLIER **CASA DE AMOR ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **10930 S W 143 COURT** **CROSSINGS, FL 33186**	

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

0000 - Initial Comments

A Change of Ownership Third Revisit desk review was conducted on 10/26/18. Casa De Amor ALF with License # 10984 had no deficiencies identified at the time of the survey: