STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965528	**10/09/2018**
NAME OF PROVIDER OR SUPPLIER **REYSE ALF CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **20-22 NW 40 COURT** **MIAMI, FL 33126**	

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

0000 - Initial Comments

A Limited Mental Health component expansion survey was conducted at Reyse ALF Corp. on 10/09/18. Reyse ALF Corp. (license #9934) reported they did not request the LMH component.