STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964241	R **10/09/2018**
NAME OF PROVIDER OR SUPPLIER **CHARITY HOME ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **290 W 48TH STREET** **HIALEAH, FL 33012**	

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

0000 - Initial Comments

An Abbreviated Biennial Revisit Survey was conducted on October 10/9/18. Charity Home ALF, Inc. (license #9022) with a limited mental health component, had no deficiencies at the time of the survey.