STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969440	**11/02/2018**
NAME OF PROVIDER OR SUPPLIER **ALF LUCIA LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5317 SW 92ND AVE** **MIAMI, FL 33165**	

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

0000 - Initial Comments

An Initial Survey was conducted on 11/02/2018. ALF Lucia Llc. with Limited Mental Health service component had no deficiencies identified at the time of the survey: