STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968447	**12/11/2018**
NAME OF PROVIDER OR SUPPLIER **RESIDENCIA CASABELLA ALF CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **8324 NW 195TH TERR** **HIALEAH, FL 33015**	

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

0000 - Initial Comments

An Abbreviated Biennial survey was conducted on 12-11-2018. The facility, Residencia Casasbella ALF Corp had no deficiencies at the time of the survey.