STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968275	R **01/09/2019**
NAME OF PROVIDER OR SUPPLIER **OSMANI M ALF LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **26423 SW 122 PLACE** **HOMESTEAD, FL 33032**	

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

0000 - Initial Comments

A Complaint (CCR# 2018012327) Revisit Survey was conducted on January 9th, 2019. Osmani ALF, Inc with Limited Mental Health component did not have deficiencies identified at the time of the survey.