STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966809	R **01/03/2019**
NAME OF PROVIDER OR SUPPLIER **ALF VILLA FRANCISCO HOME CARE CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **16832 SW 110 COURT** **MIAMI, FL 33157**	

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

0000 - Initial Comments

A Standard Biennial Third Revisit Survey was conducted on 01/03/2019. ALF Villa Francisco Home Care Corp with Limited Mental Health component, had no deficiencies identified at the time of the survey.