

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/13/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969184	(X3) DATE SURVEY COMPLETED 02/01/2019
NAME OF PROVIDER OR SUPPLIER SEVILLA ALF LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 12199 SW 51 ST MIAMI, FL 33175	

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

0000 - Initial Comments

A Complaint (CCR# 2018018666) Survey was conducted on January 28, 2019 and concluded on February 1, 2019. Sevilla ALF, LLC. with a Limited Mental Health component license, had deficiencies identified at the time of survey and cited under Standard Biennial Survey.