

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/18/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967824	(X3) DATE SURVEY COMPLETED R 01/10/2019
NAME OF PROVIDER OR SUPPLIER ALFONSO'S ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 17010 SW 100 AVENUE MIAMI, FL 33157	

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

0000 - Initial Comments

A Generator Monitoring Second Revisit Survey was conducted on 01/10/2019. Alfonso's ALF had no deficiencies identified at the time of the survey.

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