STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966481	**01/31/2019**
NAME OF PROVIDER OR SUPPLIER **ALF MI SEVILLA HOME CARE CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **8331 SW 27 ST** **MIAMI, FL 33155**	

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

0000 - Initial Comments

A complaint inspection (CCR #2019000123) was conducted on 01/25/19-01/31/19 in conjunction with a biennial survey. Deficiencies were cited under the biennial survey: