STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967492	R **02/28/2019**
NAME OF PROVIDER OR SUPPLIER **ALWAYS LOVING FAMILY CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **4394 SW 151 PLACE** **MIAMI, FL 33185**	

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

0000 - Initial Comments

A Standard Biennial Second Revisit Survey was conducted on 02/28/19. Always Loving Family Corp., with a Limited Mental Health component, had no deficiencies identified at the time of the survey.