

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/28/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969056	(X3) DATE SURVEY COMPLETED R 03/25/2019
NAME OF PROVIDER OR SUPPLIER CALVINELLE WEST ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2045 NW 26 ST MIAMI, FL 33142	

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

0000 - Initial Comments

A desk review was conducted for Calvinelle West ALF on 03/25/18. No deficiencies were identified at the time of the review.