

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/08/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969161	(X3) DATE SURVEY COMPLETED R 03/05/2019
NAME OF PROVIDER OR SUPPLIER LLINA'S ALF LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 28122 SW 160 CT HOMESTEAD, FL 33033	

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

0000 - Initial Comments

A standard biennial revisit survey was conducted on March 5, 2019. Llina's Alf Llc., with a limited mental health component, did not have deficiencies identified at the time of the survey:

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968240	(X3) DATE SURVEY COMPLETED R 03/15/2019
NAME OF PROVIDER OR SUPPLIER BLESSING ALF LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1051 NE 154 TERRACE MIAMI, FL 33162	

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

0000 - Initial Comments

A Complaint Investigation third revisit (CCR#2017010962) was conducted on 03/15/2019. Blessing ALF LLC had deficiencies identified at the time of the survey, cited under event ID 4SWL12.