STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968240	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.