STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965742	**04/15/2019**
NAME OF PROVIDER OR SUPPLIER **CARING FOR YOU I ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5210 SW 5 TERRACE** **MIAMI, FL 33134**	

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

0000 - Initial Comments

A complaint investigation (complaint number 2019004486) in conjunction with a biennial re-licensure was conducted at Caring For You I Alf, Inc on 04/15/19. Deficiencies were identified at the time of the investigation, cited under the biennial inspection, Event ID QE5U11.