STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964369	R **05/01/2019**
NAME OF PROVIDER OR SUPPLIER **PALMETTO ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6826 WEST 25 COURT** **HIALEAH, FL 33016**	

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

0000 - Initial Comments

A revisit to a biennial survey was conducted at Palmetto ALF Inc. on . . . . Deficiencies were found to be corrected at the time of the survey.