STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968047	R **04/30/2019**
NAME OF PROVIDER OR SUPPLIER **TROPICAL ALF (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **8495 SW 40 TERR** **MIAMI, FL 33155**	

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

0000 - Initial Comments

A revisit to a biennial survey was conducted at Tropical ALF Inc. (The) on 04/30/19. Deficiencies were found corrected at the time of the survey.