STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969440	R **05/07/2019**
NAME OF PROVIDER OR SUPPLIER **ALF LUCIA LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5317 SW 92ND AVE** **MIAMI, FL 33165**	

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

0000 - Initial Comments

A Revisit to a Monitoring Survey was conducted at ALF Lucia LLC on 05/07/19. No deficiencies were identified at the time of the survey: