

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/31/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969523	(X3) DATE SURVEY COMPLETED 05/15/2019
NAME OF PROVIDER OR SUPPLIER EL COCHERO ALF CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 3012 ROBSON ST EGYPT LAKE, FL 33614	

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

0000 - Initial Comments

An announced Initial licensure survey was conducted on 5/15/19 at El Cochero ALF Corp. The provider had no deficiencies at the time of the visit.