STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968799	R **05/01/2019**
NAME OF PROVIDER OR SUPPLIER **JOSEFA'S ALF CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **3567 BALI DR** **SARASOTA, FL 34232**	

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

0000 - Initial Comments

An unannounced revisit survey was conducted on 5/1/19 at Josefa's ALF Corp., an assisted living facility in Sarasota, Florida.

This was a follow-up to the relicensure survey completed on 2/14/19.

The previous deficiencies were found corrected and no new deficiencies were identified.