STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966967	R **05/30/2019**
NAME OF PROVIDER OR SUPPLIER **NATALIA ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2118 SW151 PLACE** **MIAMI, FL 33185**	

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

0000 - Initial Comments

A revisit to a biennial survey was conducted at Natalia Alf Inc. on 05/30/19. Deficiencies were found to be corrected at the time of the survey.