STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967280	R **05/10/2018**
NAME OF PROVIDER OR SUPPLIER **SPRING OF LIFE ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **11465 SW 57 STREET** **MIAMI, FL 33173**	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 05/10/18. Spring Of Life Alf, Inc (license #11352) had no deficiencies found at the time of the survey.

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