STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968250	R **06/26/2018**
NAME OF PROVIDER OR SUPPLIER **CALVINELLE SOUTH ASSISTED LIVING FACILITY INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1750 NW 41 STREET** **MIAMI, FL 33142**	

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

0000 - Initial Comments

A Complaint (CCR# 2018006232) Revisit Survey was conducted on June 28, 2018. Calvinelle South Assisted Living Facility (license #12229) had no deficiencies identified at the time of the survey.