STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969056	**07/09/2018**
NAME OF PROVIDER OR SUPPLIER **CALVINELLE WEST ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2045 NW 26 ST** **MIAMI, FL 33142**	

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

0000 - Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on July 9th, 2018. Calvinelle West ALF Inc. with limited mental health and limited nursing components (License #12908) had deficiencies identified at time of the survey and cited under the standard biennial survey.