| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11969286** | R<br>**07/18/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**JEAN CARLOS ALF INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**9760 MEMORIAL RD**<br>**CUTLER BAY, FL 33157** | |

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

**0000 - Initial Comments**

An Initial Licensure Revisit Survey was conducted on 07/18/2018. Jean Carlos with Limited Mental Health component license application had no deficiencies identified at the time of the survey. The facility is recommended for licensure with a capacity of six beds.