

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/06/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968821	(X3) DATE SURVEY COMPLETED 02/22/2017
NAME OF PROVIDER OR SUPPLIER VIVO ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 14621 SW 10 ST MIAMI, FL 33184	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on February 22, 2017. Vivo ALF Inc. (License # 12665) with Limited Nursing Services component had no deficiencies identified at the time of the survey.