STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969152	**03/21/2017**
NAME OF PROVIDER OR SUPPLIER **PRESTIGE CARE AVENTURA LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **19840 NE 26TH AVE** **AVENTURA, FL 33180**	

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

0000 - Initial Comments

An Initial Licensure Survey was conducted on 03-21-2017 at Prestige Care Aventura. There were no deficiencies at the time of the survey.