STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969168	**04/18/2017**
NAME OF PROVIDER OR SUPPLIER **VIDA CLARA ADULT CARE SERVICES LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5890 SW 51 TER** **MIAMI, FL 33155**	

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

0000 - Initial Comments

An Initial Licensure Survey conducted on April 18, 2017. Vida Clara Adult Care Services had no deficiencies identified at the time of the survey. A recommended for a Standard license and a capacity of 6 residents will be submitted to the licensure unit.