STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966894	R **06/16/2017**
NAME OF PROVIDER OR SUPPLIER **WESTVIEW PLEASANT LIVING, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2140 NW 126 STREET** **MIAMI, FL 33167**	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey conducted on 05/25/2017 and concluded on 06/16/2017. Westview Pleasant Living Inc. (license 11035) with Limited Mental Health component had no deficiencies at time of the survey.