STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969168	**06/21/2017**
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

A Limited Mental Health Component Expansion Survey was conducted on June 21, 2017. Vida Clara Adult Care Services had no deficiencies identified at the time of the survey.