

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/27/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968484	(X3) DATE SURVEY COMPLETED R 06/28/2017
NAME OF PROVIDER OR SUPPLIER BUENA VISTA HEALTH CARE CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 4230 NW 196 STREET MIAMI GARDENS, FL 33054	

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

0000 - Initial Comments

A Standard Biennial Re-Visit Survey was conducted on 06/28/17. Buena Vista Health Care Corp. with a standard License # 12368 had no deficiencies found at the time of the survey: