

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/08/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966158	(X3) DATE SURVEY COMPLETED R 07/24/2017
NAME OF PROVIDER OR SUPPLIER ADIUVO V	STREET ADDRESS, CITY, STATE, ZIP CODE 13232 SW 85 STREET MIAMI, FL 33183	

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

0000 - Initial Comments

A limited nursing services monitoring revisit survey was conducted on July 24th, 2017. Adiuvo V with license # 10395 did not have limited nursing services component. The facility had the following uncorrected deficiencies identified at the time of the survey and cited under that standard biennial revisit survey.