STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966101	**08/23/2017**
NAME OF PROVIDER OR SUPPLIER **VILLA CANDITA ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1321-1323 NW 29 AVENUE** **MIAMI, FL 33125**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on 08/23/17. Villa Candita ALF, Inc with Limited Mental Health component license #10370 had no deficiencies identified at the time of survey.