STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967722	**10/12/2017**
NAME OF PROVIDER OR SUPPLIER **ADIUVO, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6410 SW 63 AVENUE** **MIAMI, FL 33143**	

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

0000 - Initial Comments

A Complaints Survey (CCR#2017008004) was conducted on 10/12/17, Adiuvio, LLC with a Standard license# 11728 had a deficiency identified at the time of the survey, cited under the biennial survey conducted on the same day, Aspen ID 2YUJ11.