

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/21/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966094	(X3) DATE SURVEY COMPLETED R 11/06/2017
NAME OF PROVIDER OR SUPPLIER MORNINGSIDE MANOR & VILLA ADULT CARE CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 200 SOUTH DRIVE MIAMI SPRINGS, FL 33166	

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

0000 - Initial Comments

A Standard Biennial Survey Second Revisit was conducted on November 06, 2017. Morningside Manor & Villa Adult Care Corp. with a standard license (AL #10361) had no deficiencies identified at the time of the survey.