STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968160	**11/01/2017**
NAME OF PROVIDER OR SUPPLIER **ARVIS SENIOR CARE CORPORATION**	STREET ADDRESS, CITY, STATE, ZIP CODE **43 NW 136 PLACE** **MIAMI, FL 33182**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on 11/01/17. Arvis Senior Care Corporation with a Limited Mental Health component license #12116 had no deficiencies found at the time of the survey.