

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/04/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966032	(X3) DATE SURVEY COMPLETED R 12/12/2017
NAME OF PROVIDER OR SUPPLIER VI AT AVENTURA	STREET ADDRESS, CITY, STATE, ZIP CODE 19333 WEST COUNTRY CLUB DRIVE MIAMI, FL 33180	

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

0000 - Initial Comments

A Standard Revisit Survey was conducted on December 12, 2017. VI at Aventura, license number 10382, had no deficiencies found at the time of the survey.