STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966158	**01/23/2018**
NAME OF PROVIDER OR SUPPLIER **ADIUVO V**	STREET ADDRESS, CITY, STATE, ZIP CODE **13232 SW 85 STREET** **MIAMI, FL 33183**	

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

0000 - Initial Comments

A Monitoring Resident Wellness Survey was conducted on 01/23/2018 at Adiuvo V (license # 10395).