

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/03/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967208	(X3) DATE SURVEY COMPLETED R 03/15/2018
NAME OF PROVIDER OR SUPPLIER VENETIAN ISLES ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 3003 SW 156 PLACE MIAMI, FL 33185	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 03/15/18. Venetian Isles Alf, Inc. (license #11263) had no deficiencies found during the survey.