STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967066	R **03/29/2018**
NAME OF PROVIDER OR SUPPLIER **AMISTAD 308 LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8420 SW 2ND STREET** **MIAMI, FL 33144**	

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

0000 - Initial Comments

A standard biennial survey revisit was conducted on 03/29/2018. Amistad 308 LLC with Limited Mental Health component license #11183 had no deficiencies found at the time of the survey.