STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911376	R **03/27/2018**
NAME OF PROVIDER OR SUPPLIER **VILLA REAL ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **15965 NW 22 COURT** **HIALEAH, FL 33054**	

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

0000 - Initial Comments

An Abbreviated Biennial Revisit Survey was conducted on 03/27/18. Villa Real ALF (license #6034) with Limited Mental Health component did not have deficiencies found at time of the survey.