STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967145	R **04/18/2018**
NAME OF PROVIDER OR SUPPLIER **AVILES FOREVER CARE OF MIAMI, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **9365 SW 36 STREET** **MIAMI, FL 33165**	

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

0000 - Initial Comments

An Abbreviated Biennial Re-visit Survey was conducted on 04/18/18. Aviles Forever Care of Miami Inc. (License # 11245) had no deficiencies identified at the time of the survey: