STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966158	R **04/24/2018**
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 standard biennial third revisit survey was conducted on April 24th, 2018. Adiuvo V with license # 10395 did not have deficiencies identified at the time of the survey.