STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968099	**05/15/2018**
NAME OF PROVIDER OR SUPPLIER **CUTLER BAY VILLAGE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **10425 SW 212 STREET** **MIAMI, FL 33189**	

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

0000 - Initial Comments

A bed increase survey was conducted on 05/15/2018. Cutler Bay Village ALF, license # 12045 did not have any deficiencies identified during survey and will be recommended for the 21 bed increase, for a total capacity of 68 beds.