STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968299	R **05/15/2018**
NAME OF PROVIDER OR SUPPLIER **VILLA ESTRELLA ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **15580 SW 144 AVE** **MIAMI, FL 33177**	

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

0000 - Initial Comments

An Abbreviated Biennial survey revisit was conducted on 05/15/2018. Villa Estrella Alf, Inc with limited mental health component, license #12203 had no deficiencies identified at the time of the survey.