

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/27/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965493	(X3) DATE SURVEY COMPLETED R 07/06/2018
NAME OF PROVIDER OR SUPPLIER VIDA HOME, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 415 EAST 39 STREET HIALEAH, FL 33013	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on July 06, 2018. Vida Home, Inc. (9854) had no deficiencies identified at time of the survey.