

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/04/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968367	(X3) DATE SURVEY COMPLETED R 08/15/2018
NAME OF PROVIDER OR SUPPLIER WELLNESS LIVING INC	STREET ADDRESS, CITY, STATE, ZIP CODE 15560 NE 5TH CT MIAMI, FL 33162	

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

0000 - Initial Comments

An Abbreviated Biennial Revisit Survey was conducted on August 15, 2018. Wellness Living Inc. (License #12269) with Extended Congregate Care component had no deficiencies identified at the time of the survey: