STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969401	R **09/05/2018**
NAME OF PROVIDER OR SUPPLIER **VILLA ALEGRE CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **1840-42 NW 15 ST** **MIAMI, FL 33125**	

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

0000 - Initial Comments

A revisit to an Initial licensure survey was conducted at Villa Alegre Corp . on 09/04/18. Villa Alegre Corp. with Limited Mental Health (LMH) component had no deficiencies found at the time of the survey. A recommendation will be sent to the licensure unit for a capacity of 14 beds and LMH component.