STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964439	R **09/07/2018**
NAME OF PROVIDER OR SUPPLIER **VILLA MARIA LIVING SOLUTIONS CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **790 EAST 18 STREET** **HIALEAH, FL 33013**	

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

0000 - Initial Comments

An Abbreviated Biennial 2nd Revisit and Generator monitoring survey was conducted on September 07, 2018. Villa Maria Living Solutions Corp (license 9187) with Limited Mental Health component had no deficiencies identified at the time of the survey.