STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969448	**11/13/2018**
NAME OF PROVIDER OR SUPPLIER **VENETIAN GARDENS HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **15060 SW 63RD TERR** **MIAMI, FL 33193**	

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

0000 - Initial Comments

On November 13, 2018 an initial survey was conducted at Venetian Gardens Home Inc. Deficient practice was not identified during the survey. A recommendation will be sent to the licensure unit for a standard license with a capacity of 6 beds.