STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922313	R **12/19/2018**
NAME OF PROVIDER OR SUPPLIER **SOUTH FLORIDIAN VILLAGE CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **9220 SW 45 TERRACE** **MIAMI, FL 33165**	

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

0000 - Initial Comments

An Abbreviated Biennial Licensure revisit Survey was conducted on 12/19/2018. South Floridian Village Corp. with Limited Mental Health Component had no deficiencies identified at the time of the survey.