STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963924	R **12/13/2018**
NAME OF PROVIDER OR SUPPLIER **WE CARE SENIOR ASSISTED LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8325 SW 37 STREET** **MIAMI, FL 33155**	

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

0000 - Initial Comments

A Follow Up Visit to an Abbreviated Biennial Survey was conducted on 12/13/18. We Care Senior Assisted Living Llc. with Limited Mental Health component had no deficiencies identified at the time of the survey.