STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967066	R **12/18/2018**
NAME OF PROVIDER OR SUPPLIER **AMISTAD 308 LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8420 SW 2ND STREET** **MIAMI, FL 33144**	

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

0000 - Initial Comments

A Complaint Survey (CCR# 2018004724) Second Revisit was conducted on December 18, 2018. Amistad 308, LLC. (License # 11183) with a Limited Mental Health component had no deficiencies identified at the time of survey.