

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/07/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969152	(X3) DATE SURVEY COMPLETED R 01/14/2019
NAME OF PROVIDER OR SUPPLIER PRESTIGE CARE AVENTURA LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 19840 NE 26TH AVE AVENTURA, FL 33180	

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

0000 - Initial Comments

A Limited Mental Health Component Expansion Revisit Survey on 1/14/19. Prestige Care Aventura LLC had deficiencies identified at time of the survey cited under the biennial.