

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/07/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968015	(X3) DATE SURVEY COMPLETED R 01/22/2019
NAME OF PROVIDER OR SUPPLIER VISTA ALEGRE	STREET ADDRESS, CITY, STATE, ZIP CODE 6800 SW 130 AVE MIAMI, FL 33183	

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

0000 - Initial Comments

A Follow-up visit to an standard biennial survey was conducted at Vista Alegre on 01/22/19. Vista Alegre had no deficiencies at the time of the visit.