STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968031	R **01/25/2019**
NAME OF PROVIDER OR SUPPLIER **VILLA ROSE ASSISTED LIVING INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **4231 SW 58TH AVE** **MIAMI, FL 33155**	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on January 25, 2019. Villa Rose Assisted Living Inc. had no deficiencies identified at the time of the survey.