STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968821	**02/04/2019**
NAME OF PROVIDER OR SUPPLIER **VIVO ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **14621 SW 10 ST** **MIAMI, FL 33184**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on February 04, 2019. Vivo ALF Inc. with Limited Mental Health component had no deficiencies identified at the time of the survey.