STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966894	**02/22/2019**
NAME OF PROVIDER OR SUPPLIER **WESTVIEW PLEASANT LIVING, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2140 NW 126 STREET** **MIAMI, FL 33167**	

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

0000 - Initial Comments

A Complaint (CCR #2018017996) Survey was conducted on February 21, 2019 and concluded on February 22, 2019. Westview Pleasant Living, Inc. with Limited Mental Health component had deficiencies cited under the Abbreviated Biennial Survey.