STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969152	R **03/13/2019**
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 Standard Biennial Revisit Survey was conducted on 3/13/19. The facility, Prestige Care Aventura had no deficiencies at the time of the survey.