

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/08/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968367	(X3) DATE SURVEY COMPLETED R 03/18/2019
NAME OF PROVIDER OR SUPPLIER WELLNESS LIVING INC	STREET ADDRESS, CITY, STATE, ZIP CODE 15560 NE 5TH CT MIAMI, FL 33162	

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

0000 - Initial Comments

An Extended Congregate Care (ECC) Monitoring Revisit Survey was conducted on 3/18/19. Wellness Living Inc. with ECC component had no deficiencies identified at the time of the survey.