STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967009	**04/25/2019**
NAME OF PROVIDER OR SUPPLIER **VEREDA NUEVA**	STREET ADDRESS, CITY, STATE, ZIP CODE **12412 SW 215 LANE** **MIAMI, FL 33177**	

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

0000 - Initial Comments

A Complaint investigation (2019004491) survey was conducted at Vereda Nueva on 04/25/2019. The provider had deficiencies identified at the time of the survey cited under the re-licensure survey.