STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932440	**05/31/2019**
NAME OF PROVIDER OR SUPPLIER **ST MARK'S VILLA**	STREET ADDRESS, CITY, STATE, ZIP CODE **3381 NW 194 TERRACE** **MIAMI, FL 33056**	

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

0000 - Initial Comments

A generator monitoring survey was conducted at St Mark's Villa on 5/30-31/19. Deficiencies were identified at the time of survey and cited under the biennial revisit.