STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967113	R **03/01/2017**
NAME OF PROVIDER OR SUPPLIER **REYES HOME CARE #2**	STREET ADDRESS, CITY, STATE, ZIP CODE **1640 SW 83 COURT** **MIAMI, FL 33155**	

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

0000 - Initial Comments

A Licensure Monitoring 3rd Revisit Survey was conducted on 03/01/2017. Reyes Home Care #2, (AL 11271), had no deficiencies found at the time of the survey.