

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/04/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965982	(X3) DATE SURVEY COMPLETED R 03/28/2017
NAME OF PROVIDER OR SUPPLIER TWO SISTER'S HOME CARE II CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 12335 NW 98 AVENUE HIALEAH, FL 33016	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on 03-28-2017 at Two Sister's Home Care II Corp, license number 10285. The previous deficiencies were corrected at time of the survey.