STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911036	R **03/20/2017**
NAME OF PROVIDER OR SUPPLIER **CHARITY CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **461 EAST 31ST STREET** **HIALEAH, FL 33013**	

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

0000 - Initial Comments

A Complaint Revisit Survey was conducted on March 20, 2017. Charity Care license # 5892) Inc had no deficiencies identified at time of the survey.