STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968859	R **03/22/2017**
NAME OF PROVIDER OR SUPPLIER **LAO S GROUP HOME CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **1443 SW 146TH CT** **MIAMI, FL 33184**	

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

0000 - Initial Comments

A Complaint (CCR 2016013647) Revist Survey was conducted on March 22, 2017. Lao Group Home Corp with Limited Mental Health and Limited Nursing services had no deficiencies identified at time of the survey.