

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/07/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964124	(X3) DATE SURVEY COMPLETED 03/23/2017
NAME OF PROVIDER OR SUPPLIER PRECIOUS TIMES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4310 SW 89 AVENUE MIAMI, FL 33165	

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

0000 - Initial Comments

A abbreviated biennial survey was conducted on 03/23/17. Precious Times Inc, License #8939 did not have deficiencies identified at time of the survey.