STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967063	R **04/26/2017**
NAME OF PROVIDER OR SUPPLIER **GOOD STAND HOME CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **721 NW 13 AVENUE** **MIAMI, FL 33125**	

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

0000 - Initial Comments

A Standard Biennial Revist Survey was conducted on April 26, 2017. Good Stand Home Care Inc License #11262 had no deficiencies found at the time of the survey: