

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/10/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964226	(X3) DATE SURVEY COMPLETED R 04/26/2017
NAME OF PROVIDER OR SUPPLIER FEBA LIVING CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 6120 NW 2ND STREET MIAMI, FL 33126	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Standard Biennial Second Revist Survey was conducted on April 26, 2017. Feba Living Care Inc License #8876 with Limited Mental Health component had no deficiencies identified at the time of the survey.		