STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967457	**05/02/2017**
NAME OF PROVIDER OR SUPPLIER **FLAMINGO CARE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1270 NE 174 STREET** **NORTH MIAMI BEACH, FL 33162**	

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

0000 - Initial Comments

A Limited Mental Health Expansion was conducted May 02, 2017. Flamingo Care LLC License # 11525 had no deficiencies identified at the time of the survey.