STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966915	R **05/08/2017**
NAME OF PROVIDER OR SUPPLIER **DIAZ HOME CARE ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **13481 SW 268 TERRACE** **HOMESTEAD, FL 33032**	

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

0000 - Initial Comments

A complaint revisit survey was conducted started on May 8th, 2017 (CCR #2017000609 and #2017000461). Diaz Home Care Alf, Inc., with limited mental health component and license number 11119, had no deficiencies identified at the time of the survey.