STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965173	**05/09/2017**
NAME OF PROVIDER OR SUPPLIER **XIOMARA HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **4321 SW 1 STREET** **MIAMI, FL 33134**	

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

0000 - Initial Comments

An Extended Congregate Care Monitoring Survey was conducted on May 09, 2017. Xiomara Home, Inc. (License # 9598) with Extended Congregate Care component had deficiencies identified under the Biennial Survey.