STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966539	**06/05/2017**
NAME OF PROVIDER OR SUPPLIER **AMPARITO'S SENIOR CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **15877 SW 85 LANE** **MIAMI, FL 33193**	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on 06/05/17. Amparito's Senior Care Inc. with a Standard License# 11645 had no deficiencies found at the time of the survey.