

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/22/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967595	(X3) DATE SURVEY COMPLETED 06/06/2017
NAME OF PROVIDER OR SUPPLIER GOLDEN TOUCH HOME CARE #2	STREET ADDRESS, CITY, STATE, ZIP CODE 900 NE 205 STREET MIAMI, FL 33179	

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

0000 - Initial Comments

A Abbreviated Biennial Survey was conducted on June 06, 2017. Golden Touch Home Care #2 (License # 11640) had no deficiencies identified at the time of the survey.

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