

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/22/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967772	(X3) DATE SURVEY COMPLETED 05/31/2017
NAME OF PROVIDER OR SUPPLIER ABCARE ELDERLY SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 10450 SW 178 AVE MIAMI, FL 33196	

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

0000 - Initial Comments

A Limited Nursing Services Monitoring Survey was to be conducted on May 31, 2017. AB Care Elderly Services had no residents at the facility.