

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/07/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964967	(X3) DATE SURVEY COMPLETED R 06/21/2017
NAME OF PROVIDER OR SUPPLIER U M E FAMILY CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 7960 SW 36 STREET MIAMI, FL 33155	

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

0000 - Initial Comments

An Abbreviated Biennial Revisit survey was conducted on 06/21/17. U M E Family Corp with a Standard license (#9585) had no deficiencies found at the time of the survey.