

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/07/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968824	(X3) DATE SURVEY COMPLETED R 06/20/2017
NAME OF PROVIDER OR SUPPLIER JIMENEZ SENIOR CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 20581 SW 124 CT MIAMI, FL 33177	

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

0000 - Initial Comments

A Standard Biennial Re-Visit Survey was conducted on 06/20/17. Jimenez Senior Care Inc., with a Standard License #12693, had no deficiencies found at the time of the survey.