

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/27/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965173	(X3) DATE SURVEY COMPLETED R 07/19/2017
NAME OF PROVIDER OR SUPPLIER XIOMARA HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 4321 SW 1 STREET MIAMI, FL 33134	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An Abbreviated Biennial Revisit Survey was conducted on 07/19/17. Xiomara Home, Inc. (License #9598) with Extended Congregate Care component had no deficiencies found at the time of the survey.		