STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967570	R **07/19/2017**
NAME OF PROVIDER OR SUPPLIER **SAN JUDAS HOME CARE II**	STREET ADDRESS, CITY, STATE, ZIP CODE **550 NW 116 TERRACE** **MIAMI, FL 33168**	

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

0000 - Initial Comments

An Abbreviated Biennial Revisit survey was conducted on July 19, 2017. San Judas Home Care II Corp had no deficiencies identified at time of the survey.