STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967543	R **07/24/2017**
NAME OF PROVIDER OR SUPPLIER **JOSHUA NEW LIFE CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **18309 SW 114 COURT** **MIAMI, FL 33157**	

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

0000 - Initial Comments

An Abbreviated Biennial Revisit Survey was conducted on 07/24/2017. Joshua New Life Corp. License #11622 had no deficiencies identified at the time of the survey.