| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11966988** | R<br>**08/09/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**VARADERO RETIREMENT HOME CARE, INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**15359 SW 23 LANE**<br>**MIAMI, FL 33185** | |

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

**0000 - Initial Comments**

An Abbreviated Biennial Revisit Survey conducted on 08/09/17. Varadero Retirement Home Care, Inc. had no deficiencies found at time of the survey (license #11101).