STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964775	R **08/29/2017**
NAME OF PROVIDER OR SUPPLIER **LADY REGLA CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **11935 SW 40 STREET** **MIAMI, FL 33175**	

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

0000 - Initial Comments

A Standard Biennial 2nd Revisit Survey was conducted on August 29, 2107. Lady Regla Care Inc. License #9320 had no deficiencies identified at the time of the survey.