| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968493** | R<br>**08/30/2017** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **CLEON CORP FAMILY CARE INC** | **10168 NW 128 TERRACE**<br>**HIALEAH GARDENS, FL 33018** |

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

**0000 - Initial Comments**

A Standard Biennial Survey Revisit was conducted on August 30, 2017. Cleon Corp Family Care Inc (license # 12408) had no deficiencies identified at the time of the survey.