

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/09/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966741	(X3) DATE SURVEY COMPLETED R 08/31/2017
NAME OF PROVIDER OR SUPPLIER GOOD SHEPHERD LOVING CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 510 NW 98 STREET MIAMI, FL 33150	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Standard Biennial Revisit Survey was conducted on 8/31/17. Good Shepherd Loving Care (License # 11138) had no deficiencies identified at the time of the survey:		