STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942824	R **09/25/2017**
NAME OF PROVIDER OR SUPPLIER **SANTA TERESITA HOME CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **538 WEST 40 PLACE** **HIALEAH, FL 33012**	

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

0000 - Initial Comments

A standard biennial second revisit survey was conducted on 09/25/17. Santa Teresita Home Care, license number 8357, had no deficiencies found at the time of the survey.