STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965771	**10/26/2017**
NAME OF PROVIDER OR SUPPLIER **SAN JUDAS HOME CARE CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **10720 NW 5 AVENUE** **MIAMI, FL 33168**	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on 10/26/17. San Judas Home Care Corp (License #10118) with Limited Mental Health (LMH) component had no deficiencies identified at time of the survey.