

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/30/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968859	(X3) DATE SURVEY COMPLETED R 11/07/2017
NAME OF PROVIDER OR SUPPLIER LAO S GROUP HOME CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 1443 SW 146TH CT MIAMI, FL 33184	

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

0000 - Initial Comments

A standard biennial 2nd revisit survey was conducted on 11/07/2017. Lao S Group Home corp with limited nursing services and limited mental health components (AL 12717) had no deficiencies identified at the time of the survey.