

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/27/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966148	(X3) DATE SURVEY COMPLETED R 12/12/2017
NAME OF PROVIDER OR SUPPLIER TIME IS CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 19010 NW 44 AVENUE OPA LOCKA, FL 33055	

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

0000 - Initial Comments

A Standard Biennial Survey Revisit was conducted on December 12, 2017. Time is Care, Corp. (AL#10391) with Limited Mental Health component had no deficiencies at the time of the survey.