| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11965656** | R<br>**12/12/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**DAISY CUIDADO DE ANCIANOS INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**6510 NW 2 STREET**<br>**MIAMI, FL 33126** | |

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

**0000 - Initial Comments**

A Biennial Revisit Survey was conducted on 12/12/2017. Daysi Cuidado de Ancianos Inc., license (AL 10011), had no deficiencies identified at the time of the survey.