STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966123	R **12/11/2017**
NAME OF PROVIDER OR SUPPLIER **GRACE CARE FAMILY HOME, CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **4221 WEST 5 LANE** **HIALEAH, FL 33012**	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 12/11/17. Grace Care Family Home Corp with Limtied Mental Health (LMH) companent License # 10394 had no deficiencies identified at time of the survey.