| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968954** | R<br>**01/16/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**THE RESIDENCES OF UNITED HOMECARE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**9355 SW 158TH AVE**<br>**MIAMI, FL 33196** | |

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

**0000 - Initial Comments**

A Standard Biennial Revisit Survey was conducted on 01/16/2018. The Residences of United Homecare (license #12782) had no deficiencies identified at the time of the survey.