

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/02/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965802	(X3) DATE SURVEY COMPLETED 01/04/2018
NAME OF PROVIDER OR SUPPLIER KSJ HOME CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 67 EAST 56 TH STREET HIALEAH, FL 33013	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on 01/04/2018. KSJ Home Care Inc, License #10135, did not have any deficiencies identified at time of the survey: