

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 03/01/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964715	(X3) DATE SURVEY COMPLETED 02/19/2018
NAME OF PROVIDER OR SUPPLIER ALDARA HOME INC	STREET ADDRESS, CITY, STATE, ZIP CODE 12810 SW 18 STREET MIAMI, FL 33175	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An Abbreviated Biennial Survey was conducted on 02/19/2018. Aldara Home Inc with standard license (AL 9268) had no deficiencies identified at the time of the visit.		