

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/02/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942771	(X3) DATE SURVEY COMPLETED 02/19/2018
NAME OF PROVIDER OR SUPPLIER CALUSA ADULT CARE I	STREET ADDRESS, CITY, STATE, ZIP CODE 13871 SW 112 STREET MIAMI, FL 33186	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on 02/19/2018. Calusa Adult Care License #8227 had no deficiencies identified at the time of the survey.