STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966215	**02/05/2018**
NAME OF PROVIDER OR SUPPLIER **LIDY'S HEALTH CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **15561 SW 8 LANE** **MIAMI, FL 33194**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on 02/05/2018. Lidy's Home Care with Limited Mental Health component had no deficiencies at the time of the survey.