

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/08/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965870	(X3) DATE SURVEY COMPLETED 02/16/2018
NAME OF PROVIDER OR SUPPLIER 1 ZOURCE LIVING CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1401 NE 176 STREET MIAMI, FL 33162	

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

0000 - Initial Comments

A Licensure Expansion Survey was conducted on 02/06/18. 1 Zource Living Care with License # 10183 had a deficiency identified at the time of the survey, cited under survey #2KJ512, conducted on the same day.