STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967079	R **02/26/2018**
NAME OF PROVIDER OR SUPPLIER **L & B SOLUTION CARE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **565 NE 137 STREET** **MIAMI, FL 33161**	

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

0000 - Initial Comments

A Third Follow Up Visit to A Complaint Investigation Survey (CCR#2016009338) was conducted on 02/26/2018. L & B Solution Care Inc. with a Limited mental Health component and license # 11186 had deficiencies identified at the time of the survey, cited under the biennial revisit survey (XLXR12).