STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967701	R **03/12/2018**
NAME OF PROVIDER OR SUPPLIER **TWO SISTERS ETERNITY CARE, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8610 S W 97 RD** **MIAMI, FL 33173**	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 03/12/2018. Two Sisters Eternity Care (License #11695) had no deficiencies identified at the time of the survey.