

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/13/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910988	(X3) DATE SURVEY COMPLETED R 03/28/2018
NAME OF PROVIDER OR SUPPLIER APOSTALADO HOME #3, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 13510 SW 79 STREET MIAMI, FL 33183	

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

0000 - Initial Comments

A Standard Biennial Survey revisit was conducted on 03/28/2018 and concluded on 02/01/2018. Apostalado Home #3, Inc License #5121 had no deficiencies found at the time of the survey.