

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/25/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965173	(X3) DATE SURVEY COMPLETED R 04/04/2018
NAME OF PROVIDER OR SUPPLIER XIOMARA HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 4321 SW 1 STREET MIAMI, FL 33134	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An Extended Congregate Care Monitoring Revisit Survey was conducted on April 4th, 2018. Xiomara Home Inc with Extended Congregate Care component, license #9598 did not have deficiencies identified at the time of the survey.		