STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911036	R **03/29/2018**
NAME OF PROVIDER OR SUPPLIER **CHARITY CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **461 EAST 31ST STREET** **HIALEAH, FL 33013**	

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

0000 - Initial Comments

Surveyor, Standifer, Vera

On 3/29/2018 a biennial revisit survey was conducted at Charity Care Inc. (license # 5892) No deficiencies were identified at the time of the survey.