

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/11/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965438	(X3) DATE SURVEY COMPLETED R 04/24/2018
NAME OF PROVIDER OR SUPPLIER J R FAMILY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1110 NORTHWEST 134TH AVENUE MIAMI, FL 33182	

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

0000 - Initial Comments

A Standard Biennial Third Revisit Survey was conducted on 04/18/2018 & 04/24/2018. JR Family Care, Inc. (AL#9835) had no deficiencies at the time of the survey: