STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965384	R **04/27/2018**
NAME OF PROVIDER OR SUPPLIER **EXCLUSIVE HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **183 WEST 18 STREET** **HIALEAH, FL 33010**	

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

0000 - Initial Comments

A Second Follow Up Visit to an Abbreviated Biennial Survey was conducted on 04/27/18. Exclusive Home with Limited Mental Health component and license #9772 had no deficiencies at the time of the survey.