

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/24/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966201	(X3) DATE SURVEY COMPLETED R 05/01/2018
NAME OF PROVIDER OR SUPPLIER KATIA'S LOVING HOME INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5130 SW 96 AVENUE MIAMI, FL 33165	

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

0000 - Initial Comments

A Standard Biennial Survey revisit was conducted on 05/01/2018. Katia's Loving Home Inc (License # 10462) had no deficiencies identified at the time of the survey.