

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/19/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966262	(X3) DATE SURVEY COMPLETED R 06/15/2018
NAME OF PROVIDER OR SUPPLIER AMAZING CARE, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 2620 NORTH 62ND AVENUE HOLLYWOOD, FL 33024	

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

0000 - Initial Comments

A relicensure revisit survey was conducted by desk review on 6/15/18 for Amazing Care, Inc, License # 10476. The facility corrected all deficiencies at the time of the survey.