

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/28/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965982	(X3) DATE SURVEY COMPLETED R 06/12/2018
NAME OF PROVIDER OR SUPPLIER TWO SISTER'S HOME CARE II CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 12335 NW 98 AVENUE HIALEAH, FL 33016	

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

0000 - Initial Comments

A Complaint (CCR#2017015464) Second Revisit Survey was conducted on 6/12/18 at Two Sister's Home Care II Corp, license number 10285. The facility had no deficiencies at time of the survey.