STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967413	**06/20/2018**
NAME OF PROVIDER OR SUPPLIER **WEST DADE FAMILY CARE CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **4585 SW 159TH COURT** **MIAMI, FL 33185**	

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

0000 - Initial Comments

An Abbreviated Biennial Licensure Survey was conducted on 06/20/18. West Dade Family Care Corp. (License #11458) did not have deficiencies at the time of the survey.