

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/09/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911036	(X3) DATE SURVEY COMPLETED R 06/08/2018
NAME OF PROVIDER OR SUPPLIER CHARITY CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 461 EAST 31ST STREET HIALEAH, FL 33013	

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

0000 - Initial Comments

A Complaint (CCR#2018000613) Revisit survey was conducted on 06/12/18. Charity Care Inc. (license #) had no deficiencies identified at the time of the survey.