

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/11/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967711	(X3) DATE SURVEY COMPLETED R 06/27/2018
NAME OF PROVIDER OR SUPPLIER DIAZ HOME CARE ALF II, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 12211 SW 268 STREET HOMESTEAD, FL 33032	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 06/27/2018. Diaz Home Care ALF II, Inc, license number 11715, had no deficiencies found at the time of survey.