

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/14/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966294	(X3) DATE SURVEY COMPLETED R 08/14/2018
NAME OF PROVIDER OR SUPPLIER DIANA HOME CARE II	STREET ADDRESS, CITY, STATE, ZIP CODE 1725 SW 71 COURT MIAMI, FL 33144	

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

0000 - Initial Comments

A Standard Biennial Re-visit Survey was conducted on 08/14/18. Diana Home Care II with a Standard license #10533 had no deficiencies found at the time of the survey.