STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967365	R **08/23/2018**
NAME OF PROVIDER OR SUPPLIER **ALL USA HOME, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **4214 SW 3 STREET** **MIAMI, FL 33134**	

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

0000 - Initial Comments

A Biennial Revisit Survey was conducted at All USA Home Inc (licence #11431) on 08/23/2018. All USA Home Inc had no deficiencies identified at the time of the survey.