STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968371	R **09/05/2018**
NAME OF PROVIDER OR SUPPLIER **MAGGY'S HOME CARE II**	STREET ADDRESS, CITY, STATE, ZIP CODE **8881 NW 185TH STREET** **HIALEAH, FL 33018**	

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

0000 - Initial Comments

A Standard Biennial revisit and Generator monitoring survey was conducted on 9/05/18 at Maggy's Home Care II. The facility Maggy's Home Care II had no deficiencies at the time of the survey. License (#12279)