STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968400	R **10/29/2018**
NAME OF PROVIDER OR SUPPLIER **SAN JUDAS HOME CARE III CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **251 NW 108TH STREET** **MIAMI, FL 33168**	

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

0000 - Initial Comments

A Standard Biennial 2nd revisit survey desk review was completed on 10/29/2018 for San Judas Home Care III Corp (License #12298) with Limited Mental Health component.