

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/21/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966915	(X3) DATE SURVEY COMPLETED R 10/30/2018
NAME OF PROVIDER OR SUPPLIER DIAZ HOME CARE ALF, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 13481 SW 268 TERRACE HOMESTEAD, FL 33032	

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

0000 - Initial Comments

A generator monitoring revisit survey was conducted on October 30th, 2018. Diaz Home Care Alf, Inc., with a limited mental health component (license #11119) had no deficiencies identified at the time of the survey.