

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/03/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965959	(X3) DATE SURVEY COMPLETED R 11/08/2018
NAME OF PROVIDER OR SUPPLIER ADULT CARE OF MIAMI, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9833 SW 27 TERRACE MIAMI, FL 33165	

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

0000 - Initial Comments

On October 08, 2018 a Standard Biennial Revisit survey was conducted at Adult Care Of Miami, Inc. There were no deficiencies identified during the survey: