STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969295	R **11/02/2018**
NAME OF PROVIDER OR SUPPLIER **NEW DIMENSION FAMILY CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **849 SW HAMBERLAND AVE** **PORT SAINT LUCIE, FL 34953**	

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

0000 - Initial Comments

An unannounced licensure complaint revisit survey, CCR #2018007857, was conducted by desk review on 11/02/2018 for New Dimension Family Care Inc., License #13107. The previously cited deficiencies were found corrected.