

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/07/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965982	(X3) DATE SURVEY COMPLETED 12/12/2018
NAME OF PROVIDER OR SUPPLIER TWO SISTER'S HOME CARE II CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 12335 NW 98 AVENUE HIALEAH, FL 33016	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on 12/12/2018. Two Sister's Home Care II Corp. had no deficiencies identified at time of the survey.