

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/16/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966262	(X3) DATE SURVEY COMPLETED R 01/03/2019
NAME OF PROVIDER OR SUPPLIER AMAZING CARE, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 2620 NORTH 62ND AVENUE HOLLYWOOD, FL 33024	

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

0000 - Initial Comments

An unannounced licensure complaint revisit survey, CCR #2018009496, was conducted on 01/03/2019 at Amazing Care, Inc., License #10476. The previously cited deficiencies were found corrected at the time of the survey.