STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964226	R **01/07/2019**
NAME OF PROVIDER OR SUPPLIER **FEBA LIVING CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **6120 NW 2ND STREET** **MIAMI, FL 33126**	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on January 7, 2019. FEBA Living Care, Inc. with a Limited Mental Health component license, had no deficiencies identified at the time of survey.