

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 02/18/2019
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965876	(X3) DATE SURVEY COMPLETED R 01/24/2019
NAME OF PROVIDER OR SUPPLIER WE "R" FAMILY USA CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 2230 SW 131 COURT MIAMI, FL 33175	

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

0000 - Initial Comments

A Standard Biennial survey 4th revisit was conducted at We "R" Family USA Corp. on 01/24/18, We "R" Family Corp. had no deficiencies found at the time of the survey.