

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/18/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966210	(X3) DATE SURVEY COMPLETED R 01/24/2019
NAME OF PROVIDER OR SUPPLIER SAN JUDAS LOVE & CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 17715 NW 87 COURT MIAMI LAKES, FL 33018	

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

0000 - Initial Comments

A Complaint (CCR# 2018005367) 3rd Revisit Survey was conducted on January 24, 2019. San Judas Love & Care had no deficiencies identified at the time of the survey.