STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967322	R **01/31/2019**
NAME OF PROVIDER OR SUPPLIER **CARING HANDS ASSISTED LIVING, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **12735 NORTH MIAMI AVENUE** **MIAMI, FL 33168**	

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

0000 - Initial Comments

A Standard Biennial Third Revisit Survey was conducted on 01/23/2019 and concluded on 01/31/19. Caring Hands Assisted Living, Inc had deficiencies at the time of the survey, cited under complaint survey revisit QDE812.