

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/20/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964781	(X3) DATE SURVEY COMPLETED R 02/27/2019
NAME OF PROVIDER OR SUPPLIER SRA CARIDAD RETIREMENT HOME CARE II	STREET ADDRESS, CITY, STATE, ZIP CODE 12620 SW 37 TERRACE MIAMI, FL 33175	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Standard Biennial Survey revisit was conducted on February 27, 2019. Sra Caridad Retirement Home Care II had no deficiencies identified at time of the survey.		