

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/28/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967457	(X3) DATE SURVEY COMPLETED R 02/28/2019
NAME OF PROVIDER OR SUPPLIER FLAMINGO CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1270 NE 174 STREET NORTH MIAMI BEACH, FL 33162	

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

0000 - Initial Comments

A Standard Revisit survey was conducted on 2/27/19. Flamingo Care LLC with a Limited Mental Health component license had no deficiency at the time of the survey: