STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966003	**03/19/2019**
NAME OF PROVIDER OR SUPPLIER **SARA HOME CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **29100 SW 172 AVENUE** **HOMESTEAD, FL 33030**	

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

0000 - Initial Comments

On , a standard biennial relicensure survey was conducted at Sara Home Care. No deficient practice was identified during survey.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966546	R **03/20/2019**
NAME OF PROVIDER OR SUPPLIER **ST DB&Y HOME FOR THE ELDERLY,**	STREET ADDRESS, CITY, STATE, ZIP CODE **8715 NW 153RD TERRACE** **HIALEAH, FL 33018**	

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

0000 - Initial Comments

A complaint (CCR# 2018018382) revisit survey was conducted on . Peace and Care of Miami Lakes had no deficiencies identified at time of the survey.