

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/19/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965173	(X3) DATE SURVEY COMPLETED 03/20/2019
NAME OF PROVIDER OR SUPPLIER XIOMARA HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 4321 SW 1 STREET MIAMI, FL 33134	

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

0000 - Initial Comments

An Extended Congregate Care Survey was conducted on Xiomara Home Inc. with Extended Congregate Care component had deficiencies identified at the time of the survey under the Abbreviated survey.