

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/23/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966981	(X3) DATE SURVEY COMPLETED 03/27/2019
NAME OF PROVIDER OR SUPPLIER ZUSER'S SENIOR CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 9603 SW 44 STREET MIAMI, FL 33165	

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

0000 - Initial Comments

A re-licensure survey was conducted at Zuser's Senior Care on The provider had no deficiencies identified at the time of the survey.