STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964124	R **04/09/2019**
NAME OF PROVIDER OR SUPPLIER **PRECIOUS TIMES INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **4310 SW 89 AVENUE** **MIAMI, FL 33165**	

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

0000 - Initial Comments

A Follow-up visit to a biennial survey was conducted at Precious Times Inc. on . . . . . Deficiencies were corrected at the time of the visit.