STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967570	R **04/10/2019**
NAME OF PROVIDER OR SUPPLIER **SAN JUDAS HOME CARE II**	STREET ADDRESS, CITY, STATE, ZIP CODE **550 NW 116 TERRACE** **MIAMI, FL 33168**	

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

0000 - Initial Comments

A revisit to a biennial survey was conducted at San Judas Home Care II on April 11, 2019. Deficiencies were not identified at time of the survey.