STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966552	**04/24/2019**
NAME OF PROVIDER OR SUPPLIER **DANIELLAS CARE CENTER INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **4325 EAST 9 LANE** **HIALEAH, FL 33013**	

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

0000 - Initial Comments

A re-licensure survey was conducted at Daniella's Care Center Inc on April 24, 2019. No deficient practice was identified during the survey.