

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/21/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964775	(X3) DATE SURVEY COMPLETED R 05/02/2019
NAME OF PROVIDER OR SUPPLIER LADY REGLA CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 11935 SW 40 STREET MIAMI, FL 33175	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A re-visit to a biennial survey was conducted at Lady Regla Care Inc. on 05/02/19. Deficiencies were found to be corrected at the time of the survey.		