

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/29/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968824	(X3) DATE SURVEY COMPLETED R 05/02/2019
NAME OF PROVIDER OR SUPPLIER JIMENEZ SENIOR CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 20581 SW 124 CT MIAMI, FL 33177	

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

0000 - Initial Comments

A revisit to a biennial survey was conducted at Jimenez Senior Care Inc on 05/02/2019. Deficiencies were found to be corrected at the time of the survey.