

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 05/29/2019
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968485	(X3) DATE SURVEY COMPLETED R 05/06/2019
NAME OF PROVIDER OR SUPPLIER ISA HOME CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 13316 SW 112TH CT MIAMI, FL 33176	
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 Isa Home Corp. on 05/06/19. Deficiencies were found to be corrected at the time of the survey.		