STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967063	R **05/10/2019**
NAME OF PROVIDER OR SUPPLIER **GOOD STAND HOME CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **721 NW 13 AVENUE** **MIAMI, FL 33125**	

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

0000 - Initial Comments

A revisit to a biennial survey was conducted at Good Stand Home Care , Inc on 05/10/2019. Deficiencies were found to be corrected at the time of the survey.