

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/19/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968493	(X3) DATE SURVEY COMPLETED 06/04/2019
NAME OF PROVIDER OR SUPPLIER CLEON CORP FAMILY CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 10168 NW 128 TERRACE HIALEAH GARDENS, FL 33018	

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

0000 - Initial Comments

A Re-licensure Survey was conducted at Cleon Corp Family Care, Inc. on May 21, 2019 to June 4, 2019. The provider had no deficiencies at the time of the visit.