

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/20/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965173	(X3) DATE SURVEY COMPLETED R 05/24/2019
NAME OF PROVIDER OR SUPPLIER XIOMARA HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 4321 SW 1 STREET MIAMI, FL 33134	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A revisit to a biennial survey was conducted at Xiomara Home, Inc. on 5/24/19. Deficiencies were found to be corrected at the time of the survey.		