

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 06/20/2019
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965168	(X3) DATE SURVEY COMPLETED R 05/28/2019
NAME OF PROVIDER OR SUPPLIER ISA ADULT HOME CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 4363 SW 146 AVENUE MIAMI, FL 33175	

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

0000 - Initial Comments

A revisit to a biennial survey was conducted at Isa Adult Home Care on 05/28/19. Deficiencies were found to be corrected at the time of the survey.