STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967867	R **05/15/2019**
NAME OF PROVIDER OR SUPPLIER **ANA'S ELDERLY CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3720 SW 132 AVENUE** **MIAMI, FL 33175**	

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

0000 - Initial Comments

A revisit to a complaint investigation (complaint number 2018018001) was conducted at Ana's Elderly Care Assisted Living Facility on 05/15/19. Deficiencies were found to be corrected at the time of the survey.