STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968485	**09/26/2017**
NAME OF PROVIDER OR SUPPLIER **ISA HOME CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **13316 SW 112TH CT** **MIAMI, FL 33176**	

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

0000 - Initial Comments

A Limited Mental Health expansion survey was conducted on 09/26/2017. Isa Home Corp., License #12367, had no deficiencies identified at the time of survey.