STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966646	**02/12/2018**
NAME OF PROVIDER OR SUPPLIER **LIDY'S HEALTH CARE #2**	STREET ADDRESS, CITY, STATE, ZIP CODE **15678 SW 20 STREET** **MIAMI, FL 33185**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on February 12, 2018. Lidy's Health Care # 2 (License # 10822) with Limited Mental Health component had no deficiencies identified at the time of the survey.