| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968485** | R<br>**05/06/2019** |
| NAME OF PROVIDER OR SUPPLIER<br>**ISA HOME CORP** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**13316 SW 112TH CT**<br>**MIAMI, FL 33176** | |

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

**0000 - Initial Comments**

A fourth re-visit to a biennial survey was conducted at Isa Home Corp. on 05/06/19. Deficiencies were found to be corrected at the time of the survey.