

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AC13960064	(X3) DATE SURVEY COMPLETED 05/08/2018
NAME OF PROVIDER OR SUPPLIER BSS INTERNATIONAL INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7777 N UNIVERSITY DR SUITE 102 TAMARAC, FL 33321	

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

0000 - INITIAL COMMENTS

An unannounced relicensure survey was conducted on 5/8/18 at BSS International, Inc., License # 862. There were no deficiencies at the time of the visit.