STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966131	**01/08/2016**
NAME OF PROVIDER OR SUPPLIER **AMEGAB HOME CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1145 SW 74 COURT** **MIAMI, FL 33144**	

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

0000 Initial Comments

A closure monitoring survey was conducted on 01/08/16 at Amegab Home Care.