STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966734	**03/29/2016**
NAME OF PROVIDER OR SUPPLIER **B & B HOME CARE III**	STREET ADDRESS, CITY, STATE, ZIP CODE **11960 SW 172 STREET** **MIAMI, FL 33177**	

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

0000 Initial Comments

A Monitoring survey was conducted on 03/29/16. B & B Home Care III with Limited Nursing Services and Limited Mental Health components had no deficiencies found at the time of the survey.