

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 03/06/2017
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953555	(X3) DATE SURVEY COMPLETED R 02/23/2017
NAME OF PROVIDER OR SUPPLIER SOUTH FLORIDA HOME SERVICES IN	STREET ADDRESS, CITY, STATE, ZIP CODE 140 NW 9 AVENUE MIAMI, FL 33128	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Limited Nursing Services Monitoring Survey Revisit was conducted on February 23, 2017. South Florida Home Services Inc (AL 9352) with Limited Nursing Services and Limited Mental Health components had no deficiencies identified at the time of the survey within this component.		