

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/14/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966930	(X3) DATE SURVEY COMPLETED 02/15/2017
NAME OF PROVIDER OR SUPPLIER ELIA'S HOME CARE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5600 SW 7 STREET MIAMI, FL 33134	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on 02/15/17. Elia's Home Care Inc. with Limited Mental Health component, License # 11061 had no deficiencies found at the time of the survey: