

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/14/2017
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 Complaint (CCR#2016014078) Survey Revisit was conducted on February 23, 2017. South Florida Home Services Inc. (license #9352) with Limited Mental Health and Limited Nursing Services components had no deficiencies at the time of the survey.		