

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/28/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965276	(X3) DATE SURVEY COMPLETED R 03/07/2017
NAME OF PROVIDER OR SUPPLIER B & B HOME CARE 1, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 20625 SW 114 PLACE MIAMI, FL 33189	

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

0000 - Initial Comments

A Complaint Revisit Survey (CCR# 2016008366) was conducted on 07262017. B & B Home Care I with Limited Mental Health service component, license number 9866, had a deficiency found at the time of the survey, cited under the relicensure revisit survey: