

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/04/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911389	(X3) DATE SURVEY COMPLETED R 03/23/2017
NAME OF PROVIDER OR SUPPLIER TLC HOME, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 15101 SW 87 AVENUE MIAMI, FL 33176	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on 03-23-2017 at TLC Home, Inc. with a Standard License (#5898). All of the previous deficiencies were corrected at the time of the survey.