

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/04/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965974	(X3) DATE SURVEY COMPLETED R 03/27/2017
NAME OF PROVIDER OR SUPPLIER HOME LOVING CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4321 SW 133 AVENUE MIAMI, FL 33175	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Standard Biennial Revisit Survey was conducted on 03-27-2017 at Home Loving Care inc. with a Limited Mental Health license #1023. The previous deficiency was corrected at the time of the survey.		