

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/06/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953342	(X3) DATE SURVEY COMPLETED 03/22/2017
NAME OF PROVIDER OR SUPPLIER PROFESSIONAL HOME CARE III, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 447 EAST 26 STREET HIALEAH, FL 33013	

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

0000 - Initial Comments

A limited nursing services monitoring survey was conducted on March 22nd, 2017. Professional Home Care III, Inc. with limited mental health and limited nursing services components and license # 94, had the deficiencies identified at the time of the survey cited under biennial survey.