STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964818	R **03/21/2017**
NAME OF PROVIDER OR SUPPLIER **BLUE POINT HOME CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **21910 SW 97 COURT** **MIAMI, FL 33190**	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 03/21/17. Blue Point Home Care License #9505 with Limited Mental Health component had no deficiencies found at the time of the survey.