STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922174	R **03/28/2017**
NAME OF PROVIDER OR SUPPLIER **LAURA'S ELDERLY HOMECARE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **19500 SW 127TH AVENUE** **MIAMI, FL 33177**	

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

0000 - Initial Comments

A standard biennial second revisit survey was conducted on 03/28/17. Laura's Elderly Home Care, Inc with limited mental health (LMH) component, license # 7992 had no deficiencies identified at the time of survey: