

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/25/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964038	(X3) DATE SURVEY COMPLETED R 04/10/2017
NAME OF PROVIDER OR SUPPLIER PEACE HOME CARE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5040 NW 197 STREET MIAMI, FL 33055	

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

0000 - Initial Comments

A Complaint (2016013401) Revisit Survey was conducted on 4/10/17. Peace Home Care, Inc. license # 8952 had previously cited deficiencies corrected at time of the survey.