

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/25/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965261	(X3) DATE SURVEY COMPLETED R 04/10/2017
NAME OF PROVIDER OR SUPPLIER NEW HOME SENIOR CARE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 73 EAST 47 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 Revisit was conducted on April 10, 2017. New Home Senior Care, Inc. (License # 9717) had no deficiencies identified at the time of the survey.