

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/01/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965986	(X3) DATE SURVEY COMPLETED 03/27/2017
NAME OF PROVIDER OR SUPPLIER IZQUIERDO HOME CARE I	STREET ADDRESS, CITY, STATE, ZIP CODE 311 SW 62 AVE MIAMI, FL 33144	

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

0000 - Initial Comments

A Complaint Investigation Survey CCR # 2016014774 was conducted on 02/24/2017 & 03/27/2017. Izquierdo Home Care I, Inc, license #10302, had deficiencies a the time of the survey. Deficiencies were cited under the Biennial Survey Event ID 1G3911.