

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 05/16/2017
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966003	(X3) DATE SURVEY COMPLETED 04/27/2017
NAME OF PROVIDER OR SUPPLIER SARA HOME CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 29100 SW 172 AVENUE HOMESTEAD, FL 33030	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on 04/27/17. Sara Home Care with Limited Mental Health, license #10336, had no deficiencies identified at time of the survey.