STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966035	R **05/02/2017**
NAME OF PROVIDER OR SUPPLIER **LAS BRISAS HOME CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **7401 W 34 LANE** **HIALEAH, FL 33016**	

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

0000 - Initial Comments

An Abbreviated Biennial Revisit Survey was conducted on May 02, 2017. Las Brisas Home Care with Limited Mental Health component (AL10300) had no deficiencies identified at the time of the survey.