

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/08/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966909	(X3) DATE SURVEY COMPLETED R 05/25/2017
NAME OF PROVIDER OR SUPPLIER LUCY'S HOME CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 2005 SW 97 AVENUE MIAMI, FL 33165	

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

0000 - Initial Comments

A Standard Biennial Survey revisit was conducted on 05/25/2017. Lucy's Home Care inc. with Limited mental health component (AL11049) had no deficiencies identified at the time of the survey.