

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 07/07/2017
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966913	(X3) DATE SURVEY COMPLETED R 06/20/2017
NAME OF PROVIDER OR SUPPLIER HARMONY FAMILY HOME CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 9245 SW 208 TERRACE MIAMI, FL 33189	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An Abbreviated Re-Visit Survey was conducted on 06/20/17. Harmony Family Home Care (license # 11048) had no deficiencies found at the time of the survey.		