STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966031	R **07/26/2017**
NAME OF PROVIDER OR SUPPLIER **ENDLESS HOME CARE III**	STREET ADDRESS, CITY, STATE, ZIP CODE **9125 SW 166 AVENUE** **MIAMI, FL 33195**	

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

0000 - Initial Comments

An Abbreviated biennial survey revisit was conducted on 07/26/2017. Endless Home Care III (AL10349) with standard license, had no deficiencies identified at the time of the survey.