STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911409	**08/01/2017**
NAME OF PROVIDER OR SUPPLIER **PROFESSIONAL HOME CARE II**	STREET ADDRESS, CITY, STATE, ZIP CODE **447 EAST 31 STREET** **HIALEAH, FL 33013**	

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

0000 - Initial Comments

A limited nursing services monitoring survey was conducted on August 1st, 2017. Professional Home Care with limited nursing services component (license number 91) had deficiencies identified at the time of the survey which were cited under biennial survey.