STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969251	**08/14/2017**
NAME OF PROVIDER OR SUPPLIER **AMERICAN HOME CARE FACILITY INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6960 SW 155 AVE** **MIAMI, FL 33193**	

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

0000 - Initial Comments

An announced Initial state licensure survey was conducted on August 14th, 2017. American Home Care Facility Inc. did not have deficiencies identified at the time of the survey. A recommendation will be forwarded to Tallahassee for a Standard license with a capacity of [6].