STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967911	R **09/21/2017**
NAME OF PROVIDER OR SUPPLIER **VANDOR GERIATRIC HOMECARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2110 NORTH 46TH AVENUE** **HOLLYWOOD, FL 33021**	

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

0000 - Initial Comments

A relicensure revisit survey was conducted by desk review on 9/21/2017 at Vandor Geriatric Homecare Inc., License #12016. The facility had no uncorrected deficiencies at the time of the visit.