

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/29/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968498	(X3) DATE SURVEY COMPLETED R 08/31/2017
NAME OF PROVIDER OR SUPPLIER SOLUTIONS HOME CARE SERVICES II, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 16910 SW 119 AVENUE MIAMI, FL 33177	

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

0000 - Initial Comments

A standard biennial second revisit survey was conducted on 08/30/2017. Solutions Home Care Services II, Inc with license number 12395 had the no deficiencies identified at the time of the survey.