STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953385	**09/05/2017**
NAME OF PROVIDER OR SUPPLIER **MY GRANDFATHER HOME CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **3042 SW 134 PLACE** **MIAMI, FL 33175**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on 9/05/17. My Grandfather Home Care License #8388 had no deficiencies identified at time of the survey.