

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/16/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953342	(X3) DATE SURVEY COMPLETED R 10/06/2017
NAME OF PROVIDER OR SUPPLIER PROFESSIONAL HOME CARE III, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 447 EAST 26 STREET HIALEAH, FL 33013	

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

0000 - Initial Comments

A Standard Biennial second revisit survey was conducted from 9/28/17 - 10/6/17. Professional Home Care III with limited mental health services components and license #94 had the following deficiencies identified at the time of the survey: