

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/16/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967363	(X3) DATE SURVEY COMPLETED R 09/26/2017
NAME OF PROVIDER OR SUPPLIER WHISPERING PINES HOME CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 8830 SW 196TH DRIVE CUTLER BAY, FL 33157	

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

0000 - Initial Comments

A Complaint (CCR #2017003587) Survey 2nd revisit was conducted on 09/26/2017. Whispering pines home care Inc (AL 11423) had no deficiencies identified at time of the survey.