

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/28/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967717	(X3) DATE SURVEY COMPLETED 11/02/2017
NAME OF PROVIDER OR SUPPLIER GRANDMOTHER'S HOME CARE CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 4651 NW 23 COURT MIAMI, FL 33142	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Standard Biennial Survey was conducted on 11/02/2017. Grandmother's Home Care Corp (license #11727) had no deficiencies identified at the time of the survey.		