STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965694	R **11/15/2017**
NAME OF PROVIDER OR SUPPLIER **NEWPORT HOME CARE, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **2811 CLEVELAND STREET** **HOLLYWOOD, FL 33020**	

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

0000 - Initial Comments

An unannounced revisit was conducted at Newport Home Care, Inc., License #10047 on 11/13/2017 and 11/15/2017. All outstanding deficiencies were corrected.