STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911409	R **11/20/2017**
NAME OF PROVIDER OR SUPPLIER **PROFESSIONAL HOME CARE II**	STREET ADDRESS, CITY, STATE, ZIP CODE **447 EAST 31 STREET** **HIALEAH, FL 33013**	

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

0000 - Initial Comments

A Standard Biennial 2nd Revisit Survey was conducted on November 20, 2017. Professional Home Care with limited nursing services component (license #91) had the no deficiencies identified at the time of the survey.