

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/12/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953342	(X3) DATE SURVEY COMPLETED R 11/22/2017
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 Complaint (CCR #2017007351) revisit survey was conducted on November 22, 2017. Professional Home Care III (license #94) limited mental health services components had no deficiencies identified at the time of the survey.