

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/12/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967405	(X3) DATE SURVEY COMPLETED R 11/20/2017
NAME OF PROVIDER OR SUPPLIER ESTEVEZ HOME CARE CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 3900 SW 122 AVENUE MIAMI, FL 33175	

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

0000 - Initial Comments

A complaint second revisit survey (CCR#2017004047) was conducted on 11/20/17. Estevez Home Care Corp. (license # 11452) with Limited Mental Health had no deficiencies found at the time of the survey.