STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965748	R **11/22/2017**
NAME OF PROVIDER OR SUPPLIER **MABLEX HOME CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **13391 SW 27 ST** **MIAMI, FL 33175**	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 11/22/17. Mablex Home Care, Inc. with a Limited Mental Health component license (#10101) had no deficiencies found at time of the survey.