STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965036	**12/13/2017**
NAME OF PROVIDER OR SUPPLIER **LESENDE HOME CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2308 SW 10TH ST** **MIAMI, FL 33135**	

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

0000 - Initial Comments

A Limited Mental Health Expansion Survey was conducted in conjunction with a Revisit Survey on 12/13/17. Lesende Home Care, license # 9704 had no deficiencies found at the time of survey: