STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966548	R **12/12/2017**
NAME OF PROVIDER OR SUPPLIER **HEAVENLY HOME CARE OF FLORIDA, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **17321 SW 109 AVENUE** **MIAMI, FL 33157**	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 12/12/2017. Heavenly Home Care of Florida, License #10738 Inc. with Limited Mental Health component had no deficiencies identified at the time of the survey.