STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967151	R **01/17/2018**
NAME OF PROVIDER OR SUPPLIER **GOLDEN TOUCH HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **41 NW 190 STREET** **MIAMI, FL 33169**	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on January 17, 2018. Golden Touch Home Care (License #11212) with limited mental health component did not have deficiencies identified at time of the survey.