STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922174	R **01/08/2018**
NAME OF PROVIDER OR SUPPLIER **LAURA'S ELDERLY HOMECARE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **19500 SW 127TH AVENUE** **MIAMI, FL 33177**	

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

0000 - Initial Comments

A Complaint (CCR#2017010646) Revisit Survey was conducted on 01/08/2018. Laura's Elderly Homecare, Inc. with Limited Mental Health component, license #7992 had no deficiencies found at the time of the survey.