

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/26/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11922174	(X3) DATE SURVEY COMPLETED 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 #2017006422) Second Revisit Survey was conducted on 01/08/2018. Laura's Elderly Homecare, Inc. with limited mental health component, license #7992 had no deficiencies identified at the time of the survey.

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ADMINISTRATION**

PRINTED: 01/29/2018
FORM APPROVED

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