

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/02/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965180	(X3) DATE SURVEY COMPLETED R 01/16/2018
NAME OF PROVIDER OR SUPPLIER MAGGY'S HOME CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 8969 NW 152 LANE HIALEAH, FL 33016	

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

0000 - Initial Comments

A Standard Biennial Survey Second Revisit was conducted on January 16, 2018. Maggy's Home Care (License # 9649) did not have deficiencies found at time of the survey.