

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 02/12/2018  
FORM APPROVED

|                                                                    |                                                                                               |                                                                     |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                          | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11964471</b>                   | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><br><b>02/08/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SOUTHERN HOME CARE MGMT</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>739 BERNICE COURT</b><br><b>ORLANDO, FL 32825</b> |                                                                     |

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

**0000 - Initial Comments**

A revisit to a re-licensure survey was conducted on 02/08/2018. Southern Home Care Management Assisted Living, license #9011 did not have any deficiencies at the time of the visit.