

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/06/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953342	(X3) DATE SURVEY COMPLETED 02/08/2018
NAME OF PROVIDER OR SUPPLIER PROFESSIONAL HOME CARE III, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 447 EAST 26 STREET HIALEAH, FL 33013	

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

0000 - Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on February 08, 2018. Professional Home Care III, Inc. (License #94) with Limited Nursing Services and Limited Mental health components did not have deficiencies identified at the time of the survey.