STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967072	R **02/07/2018**
NAME OF PROVIDER OR SUPPLIER **DURAN HOME CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **26775 SW 129 AVENUE** **HOMESTEAD, FL 33032**	

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

0000 - Initial Comments

A Standard Biennial Second Revisit Survey was conducted on February 7th, 2018. Duran Home Care Corp with License #11169 did not have deficiencies identified at the time of survey.