

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/26/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953245	(X3) DATE SURVEY COMPLETED 03/01/2018
NAME OF PROVIDER OR SUPPLIER MOUNT SINAI HOME CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 21201 NE 13 PLACE NORTH MIAMI BEACH, FL 33179	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on March 01, 2018. Mount Sinai Home Care (License #5787) with limited mental health component had no deficiencies identified at time of the survey.