STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967830	R **03/05/2018**
NAME OF PROVIDER OR SUPPLIER **OVANY'S HOME CARE CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **526 SW 66 AVENUE** **MIAMI, FL 33144**	

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

0000 - Initial Comments

An Abbreviated Biennial Revisit Survey was conducted from 02/28/2018 and concluded on 03/05/2018. Ovany's Home Care Corp. with a Limited Mental Health component (license #11822) had previously cited deficiencies corrected at the time of the survey.

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