STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966601	**03/29/2018**
NAME OF PROVIDER OR SUPPLIER **BJ HOME CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2218 SW 26 LANE** **MIAMI, FL 33133**	

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

0000 - Initial Comments

A Complaint Survey (CCR#2018004330) was conducted on March 27, 2018. BJ Home Care Inc. (License # 10778) with Limited Mental Health component had no deficiencies identified at the time of the survey.