

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 04/16/2018  
FORM APPROVED

|                                                         |                                                                                              |                                                                     |
|---------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| STATEMENT OF DEFICIENCIES                               | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11965295</b>                  | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><br><b>03/27/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>TLC HOME INC</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>8395 SW 112 STREET</b><br><b>MIAMI, FL 33156</b> |                                                                     |

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

**0000 - Initial Comments**

A Complaint (CCR# 2017015223 and 2017015882) survey revisit was conducted on 03/27/2018. TLC Home Inc., license #9762 had no deficiencies identified at the time of the survey.