

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966651	(X3) DATE SURVEY COMPLETED 03/20/2018
NAME OF PROVIDER OR SUPPLIER RENACER HOME CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 644 642 SE 4 PLACE HIALEAH, FL 33010	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on March 20, 2018. Renacer Home Care (license #10844) with Limited Mental Health component had no deficiencies identified at time of the survey.