

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/01/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965694	(X3) DATE SURVEY COMPLETED R 04/16/2018
NAME OF PROVIDER OR SUPPLIER NEWPORT HOME CARE, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 2811 CLEVELAND STREET HOLLYWOOD, FL 33020	

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

0000 - Initial Comments

An unannounced complaint survey revisit, CCR #2017013779, was conducted on 04/16/2018 at Newport Home Care, Inc, License #10047. The facility had no deficiencies at the time of the revisit.