STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967253	R **04/05/2018**
NAME OF PROVIDER OR SUPPLIER **LA PAZ HOME CARE CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **12968 NW 9 TERRACE** **MIAMI, FL 33182**	

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

0000 - Initial Comments

A Standard Biennial Survey revisit was conducted on 04/05/2018. La Paz Home Care Corp. with a Limited Mental Health component, license# 11300, had no deficiencies found at the time of the survey.