STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964549	R **04/19/2018**
NAME OF PROVIDER OR SUPPLIER **LEE'S PROGRESSIVE HOME CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **80 -82 NE 166 STREET** **MIAMI, FL 33162**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on April 20, 2018. Lee's Progressive Home Care (license #9211) with limited mental health component had no deficiencies identified at time of the survey.