

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 05/15/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967229	(X3) DATE SURVEY COMPLETED R 05/01/2018
NAME OF PROVIDER OR SUPPLIER PLAMAR HOME CARE SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 4407 S W 162 PLACE MIAMI, FL 33185	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An Abbreviated Biennial survey revisit was conducted on 05/01/2018. Plamar Home Care Services (License #11314) had no deficiencies identified at time of the survey.		