STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942921	**05/01/2018**
NAME OF PROVIDER OR SUPPLIER **COMPANION HOME CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **1997 SW 17 COURT** **MIAMI, FL 33145**	

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

0000 - Initial Comments

A Extended Congregate Care Monitoring Survey was conducted on May 01, 2018. Companion Home Corp. (License # 7893) with Extended Congregate Care and Limited Mental Health components had deficiencies identified at the time of the survey, cited under the biennial survey.