STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964722	R **05/04/2018**
NAME OF PROVIDER OR SUPPLIER **LILI'S HOME CARE CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **6321 SW 20TH TERRACE** **MIAMI, FL 33155**	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 05/04/2018. Lili's Home Care Corp. License #9272 with Limited Mental Health component had no deficiencies identified at the time of the survey: