

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/13/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953555	(X3) DATE SURVEY COMPLETED 05/22/2018
NAME OF PROVIDER OR SUPPLIER SOUTH FLORIDA HOME SERVICES IN	STREET ADDRESS, CITY, STATE, ZIP CODE 140 NW 9 AVENUE MIAMI, FL 33128	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Limited Nursing Services Monitoring Services was conducted on May 22, 2018. South Florida Home Services Inc. (License #9352) with Limited Nursing Services and Limited Mental Health component had deficiencies cited under the biennial survey.		