STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969355	**06/13/2018**
NAME OF PROVIDER OR SUPPLIER **RICHMOND HOME CARE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **13998 SW 159TH TERR** **MIAMI, FL 33177**	

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

0000 - Initial Comments

An Initial Licensure Survey was conducted on 06/13/2018. Richmond Home Care ALF had no deficiencies identified at the time of the survey. A recommendation will be sent to the licensure unit for licensed capacity of 6 beds with limited mental health component.