

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/09/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965488	(X3) DATE SURVEY COMPLETED 06/22/2018
NAME OF PROVIDER OR SUPPLIER ELIA'S HOME CARE #3	STREET ADDRESS, CITY, STATE, ZIP CODE 4229 SW 157 COURT MIAMI, FL 33185	

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

0000 - Initial Comments

A Change of Ownership Survey was conducted on 06/22/2018. Elia's Home Care #3 (license # 9859) had no deficiencies identified at the time of the survey.