STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966260	R **06/26/2018**
NAME OF PROVIDER OR SUPPLIER **DH HOME HEALTH SERVICES LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7080 SW 14 STREET** **MIAMI, FL 33144**	

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

0000 - Initial Comments

A Change of Ownership Second Revisit survey was conducted on 06/26/2018. Dh Home Health Services, (License Number 10488) had no deficiencies found at the time of survey: