STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966381	R **06/25/2018**
NAME OF PROVIDER OR SUPPLIER **MD HOME CARE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **4857 NW 168 TERRACE** **OPA LOCKA, FL 33055**	

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

0000 - Initial Comments

A Complaint (CCR# 2018000338) Survey Second Revisit was conducted on June, 2018. MD Home Care, Inc. (license #10585) had no deficiencies identified at the time of the survey.