

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/18/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942921	(X3) DATE SURVEY COMPLETED R 06/28/2018
NAME OF PROVIDER OR SUPPLIER COMPANION HOME CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 1997 SW 17 COURT MIAMI, FL 33145	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 06/28/2018. Companion Home Corp. (License # 7893) with Extended Congregate Care and Limited Mental Health components had no deficiencies identified at the time of the survey: