

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/18/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932534	(X3) DATE SURVEY COMPLETED R 06/28/2018
NAME OF PROVIDER OR SUPPLIER ESTHER HOME CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 13908 SW 26 TERRACE MIAMI, FL 33175	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 06/28/18. Esther Home Care Inc. with Limited Mental Health component, license# 8151 had no deficiencies found at the time of the survey: