STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966003	R **06/28/2018**
NAME OF PROVIDER OR SUPPLIER **SARA HOME CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **29100 SW 172 AVENUE** **HOMESTEAD, FL 33030**	

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

0000 - Initial Comments

A Complaint (CCR #2018001068) Revisit Survey was conducted on 06/28/2018 Sara Home Care with limited mental health component, license #10336 had no deficiencies identified at the time of the survey.