

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/27/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966051	(X3) DATE SURVEY COMPLETED R 07/05/2018
NAME OF PROVIDER OR SUPPLIER VIDA HOME CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9099 NW 113 STREET HIALEAH GARDENS, FL 33018	

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

0000 - Initial Comments

A Change of Ownership Survey Revisit was conducted on July 05, 2018. Vida Home Care, Inc. (License #10335) with Limited Mental Health component had no deficiencies identified at time of the survey.