STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967293	R **07/02/2018**
NAME OF PROVIDER OR SUPPLIER **HELPING HAND ASSISTED HOME CARE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **4406 SW 129 AVENUE** **MIAMI, FL 33175**	

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

0000 - Initial Comments

An abbreviated biennial survey revisit was conducted on 07/02/2018. Helping Hand Assisted Home Care LLC, with a Limited Mental Health component, (License # 11390) had no deficiencies identified at the time of the survey.