STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967134	R **08/07/2018**
NAME OF PROVIDER OR SUPPLIER **CARMITA'S HOME HEALTH, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2700 CONWAY GARDENS ROAD** **ORLANDO, FL 32806**	

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

0000 - Initial Comments

8/7/18 desk review conducted to Relicensure survey. Carmita's Home Health Inc., license # 12807, had no deficiencies at the time of the review.