STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953555	**07/26/2018**
NAME OF PROVIDER OR SUPPLIER **SOUTH FLORIDA HOME SERVICES IN**	STREET ADDRESS, CITY, STATE, ZIP CODE **140 NW 9 AVENUE** **MIAMI, FL 33128**	

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

0000 - Initial Comments

A Follow Up Visit to a Biennial Survey in conjunction with a Complaint (CCR 2018008931) Survey was conducted at South Florida Home Services Inc (License # 9352) with Limited Nursing Services and Limited Mental Health components on July 26, 2018. Deficient practice was identified during the survey and cited under the biennial revisit.

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