STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967412	R **09/05/2018**
NAME OF PROVIDER OR SUPPLIER **BLANCA AZUZENA HOME CARE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **12414 SW 252 TERRACE** **HOMESTEAD, FL 33032**	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on September 5th, 2018. Blanca Azuzena Home Care, Inc. (License #11490) with Limited Mental Health component did not have deficiencies identified at the time of the survey.