STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967441	R **09/18/2018**
NAME OF PROVIDER OR SUPPLIER **PERSONALIZED HEALTH SERVICES CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **8510 SW 12TH STREET** **MIAMI, FL 33144**	

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

0000 - Initial Comments

A Standard Biennial Survey Revisit was conducted on September 18, 2018. Personalized Health Service, Corp. (license # 11467) with Limited Mental Health component. The previously cited deficiency was found corrected at the time of the survey.