STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967363	R **09/06/2018**
NAME OF PROVIDER OR SUPPLIER **WHISPERING PINES HOME CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8830 SW 196TH DRIVE** **CUTLER BAY, FL 33157**	

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

0000 - Initial Comments

A Standard Biennial Second Revisit survey was conducted on 09/06/2018. Whispering Pines Home Care Inc. License #11423 had no deficiencies found at time of the survey.