STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969418	**09/17/2018**
NAME OF PROVIDER OR SUPPLIER **ILDEXYS HOME HEALTH CARE CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **3340 NW 80TH TERR** **MIAMI, FL 33147**	

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

0000 - Initial Comments

An Initial Survey was conducted on 9/17/2018. Ildexys Home Health Care Corp. had no deficiencies identified at time of survey. A recommendation for licensure for six beds will be sent to the licensure unit.