

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/05/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968954	(X3) DATE SURVEY COMPLETED R 10/11/2018
NAME OF PROVIDER OR SUPPLIER THE RESIDENCES OF UNITED HOMECARE	STREET ADDRESS, CITY, STATE, ZIP CODE 9355 SW 158TH AVE MIAMI, FL 33196	

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

0000 - Initial Comments

A complaint (CCR# 2018011948) revisit survey was conducted on October 11th, 2018. The Residences of United Homecare (license #12782) had deficiencies identified at the time of the survey and cited under the complaint survey.