

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/08/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966601	(X3) DATE SURVEY COMPLETED R 10/10/2018
NAME OF PROVIDER OR SUPPLIER BJ HOME CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2218 SW 26 LANE MIAMI, FL 33133	

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

0000 - Initial Comments

A Complaint Revisit Survey (CCR#2018011744) was conducted on 10/10/2018. BJ Home Care Inc. with Limited Mental Health component, license #10778, had no deficiencies at the time of the survey: