

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/09/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967210	(X3) DATE SURVEY COMPLETED 10/23/2018
NAME OF PROVIDER OR SUPPLIER MOM & DAUGHTER HOME CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9640 SW 161 PLACE MIAMI, FL 33196	

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

0000 - Initial Comments

A Standard Biennial survey was conducted on 10/23/2018. Mom & Daughter Home Care Inc. (License 11266) with standard license had no deficiencies identified at the time of the survey.