

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/09/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911410	(X3) DATE SURVEY COMPLETED R 10/22/2018
NAME OF PROVIDER OR SUPPLIER PROFESSIONAL HOME CARE I	STREET ADDRESS, CITY, STATE, ZIP CODE 435 EAST 31 STREET HIALEAH, FL 33013	

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

0000 - Initial Comments

A Limited Nursing Services Monitoring Survey Revisit was conducted on October 22, 2018. Professional Home Care I (License #6507) with Limited Nursing Services component had no deficiencies identified at the time of survey.