STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953555	R **10/31/2018**
NAME OF PROVIDER OR SUPPLIER **SOUTH FLORIDA HOME SERVICES IN**	STREET ADDRESS, CITY, STATE, ZIP CODE **140 NW 9 AVENUE** **MIAMI, FL 33128**	

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

0000 - Initial Comments

A Second Follow Up Visit to a Biennial Survey was conducted at South Florida Home Services Inc (License # 9352) with Limited Nursing Services and Limited Mental Health components on October 31, 2018. Deficient practice was identified during the visit and cited under the monitoring survey.