STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967470	R **11/26/2018**
NAME OF PROVIDER OR SUPPLIER **REBECCA HOME CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2383 NW 111TH AVENUE** **SUNRISE, FL 33322**	

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

0000 - Initial Comments

An unannounced Abbreviated Relicensure revisit survey was conducted by desk review on 11/26/2018 for Rebecca Home Care Inc, License #11510. The previously cited deficiencies was found corrected on the day of the survey.