

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/03/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967441	(X3) DATE SURVEY COMPLETED R 11/14/2018
NAME OF PROVIDER OR SUPPLIER PERSONALIZED HEALTH SERVICES CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 8510 SW 12TH STREET MIAMI, FL 33144	

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

0000 - Initial Comments

A Generator Monitoring Revisit Survey was conducted on 11/14/2018. Personalized Health Service, Corp. with Limited Mental Health component, had no deficiencies found at the time of the survey.