STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953247	R **11/20/2018**
NAME OF PROVIDER OR SUPPLIER **AMA HOME CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **13720 SW 108 STREET** **MIAMI, FL 33186**	

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

0000 - Initial Comments

A Standard Biennial 2nd Revisit Survey was conducted on 11/20/2018. Ama Home Care Inc. had no deficiencies identified at the time of the survey: