

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/12/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967527	(X3) DATE SURVEY COMPLETED 11/21/2018
NAME OF PROVIDER OR SUPPLIER SOLUTIONS HOME CARE SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 11935 SW 181 TERRACE MIAMI, FL 33177	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on 11/21/18. Solutions Home Care Services, Inc., had no deficiencies at the time of the survey.