

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/19/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967444	(X3) DATE SURVEY COMPLETED R 12/03/2018
NAME OF PROVIDER OR SUPPLIER SUNFLOWER HOME CARE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 8752 NW 116 TERRACE HIALEAH GARDENS, FL 33018	

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

0000 - Initial Comments

An Abbreviated Biennial Revisit Survey was conducted on 12/03/2018 at Sunflower Home Care Inc. The facility had no deficiencies identified at the time of the survey.