STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967405	R **12/05/2018**
NAME OF PROVIDER OR SUPPLIER **ESTEVEZ HOME CARE CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **3900 SW 122 AVENUE** **MIAMI, FL 33175**	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 12/05/2018. Estevez Home Care Corp., with a Limited Mental Health component, had no deficiencies identified at the time of the survey: