

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/22/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967063	(X3) DATE SURVEY COMPLETED 12/20/2018
NAME OF PROVIDER OR SUPPLIER GOOD STAND HOME CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 721 NW 13 AVENUE MIAMI, FL 33125	

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

0000 - Initial Comments

A Complaint Survey (CCR#2018016948) was conducted on December 11, 2018 through December 19, 2018. Good Stand Home Care, Inc. with a Limited Mental Health component license number 11262, had deficiencies identified, cited under the Biennial Survey conducted on the same day (Aspen ID RH4N11).