

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/07/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911409	(X3) DATE SURVEY COMPLETED R 01/22/2019
NAME OF PROVIDER OR SUPPLIER PROFESSIONAL HOME CARE CO	STREET ADDRESS, CITY, STATE, ZIP CODE 447 EAST 31 STREET HIALEAH, FL 33013	

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

0000 - Initial Comments

A Limited Nursing Services Monitoring Survey Revisit was conducted on January 22, 2019. Professional Home Care with limited nursing services component had no deficiencies identified at the time of the survey.