

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/20/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953342	(X3) DATE SURVEY COMPLETED 01/31/2019
NAME OF PROVIDER OR SUPPLIER PROFESSIONAL HOME CARE III, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 447 EAST 26 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 was conducted on January 31st, 2019 in conjunction with a standard biennial survey. Professional Home Care III, Inc. with limited mental health and limited nursing services components, had deficiencies identified at the time of the survey and cited under standard biennial survey.