STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968719	R **01/31/2019**
NAME OF PROVIDER OR SUPPLIER **IMMACULEE HOME CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **5758 OAK HILL MANOR DR** **ORLANDO, FL 32839**	

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

0000 - Initial Comments

01/31/19 desk review conducted to Relicensure survey. Imaculee Home Care, license # 12912, had no deficiencies at the time of the review.