STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964818	R **02/27/2019**
NAME OF PROVIDER OR SUPPLIER **BLUE POINT HOME CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **21910 SW 97 COURT** **MIAMI, FL 33190**	

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

0000 - Initial Comments

An Abbreviated Biennial Revisit survey was conducted on 02/27/2019. Blue Point Home Care, Inc with a limited mental health component, had no deficiencies identified at the time of the survey: