

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/28/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964885	(X3) DATE SURVEY COMPLETED R 02/27/2019
NAME OF PROVIDER OR SUPPLIER JESUS HOME CARE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3401 SW 72 COURT MIAMI, FL 33155	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on 02/27/19. Jesus Home Care, Inc. with a Limited Mental Health component had no deficiencies identified at the time of the survey.