STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964471	R **03/19/2019**
NAME OF PROVIDER OR SUPPLIER **SOUTHERN HOME CARE MGMT**	STREET ADDRESS, CITY, STATE, ZIP CODE **739 BERNICE COURT** **ORLANDO, FL 32825**	

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

0000 - Initial Comments

A Desk review was to complaint #2018012121 was conducted on 3/19/2019. Southern Home Care MGMT, (LIC#9011) had no deficiency at the time of the desk review.