

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/24/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966754	(X3) DATE SURVEY COMPLETED R 04/15/2019
NAME OF PROVIDER OR SUPPLIER HEMOCARE VILLA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9039 NW 20TH MANOR CORAL SPRINGS, FL 33071	

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

0000 - Initial Comments

A second revisit to the Relicensure survey was conducted by desk review on 04/15/2019 for Homecare Villa Inc, License #10898. The previously cited deficiency was found corrected at the time of the survey.