

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/02/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969500	(X3) DATE SURVEY COMPLETED 04/10/2019
NAME OF PROVIDER OR SUPPLIER APREA HOME HEALTH INC	STREET ADDRESS, CITY, STATE, ZIP CODE 840 SW 5ST FLORIDA CITY, FL 33034	

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

0000 - Initial Comments

An announced initial licensure survey was conducted at Aprea Home Health Inc. on
The provider had no deficiencies identified at the time of the survey.