

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/16/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964038	(X3) DATE SURVEY COMPLETED R 04/30/2019
NAME OF PROVIDER OR SUPPLIER PEACE HOME CARE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5040 NW 197 STREET MIAMI, FL 33055	

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

0000 - Initial Comments

A revisit to a biennial survey was conducted at Peace Home Care, Inc. on 4/30/19. Deficiencies were found to be corrected at the time of the survey.