

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/20/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967452	(X3) DATE SURVEY COMPLETED R 05/02/2019
NAME OF PROVIDER OR SUPPLIER MILLIE HOME CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 17810 SW 137 CT MIAMI, FL 33177	

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

0000 - Initial Comments

A revisit to a Change of Ownership survey was conducted at Millie Home Care Corp on 05/02/2019. Deficiencies were found to be corrected at the time of the survey.