STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966035	R **05/01/2019**
NAME OF PROVIDER OR SUPPLIER **LAS BRISAS HOME CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **7401 W 34 LANE** **HIALEAH, FL 33016**	

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

0000 - Initial Comments

A revisit to a biennial survey was conducted at Las Brisas Home Care on . . . . Deficiencies were found to be corrected at the time of the survey.