STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966913	R **05/06/2019**
NAME OF PROVIDER OR SUPPLIER **HARMONY FAMILY HOME CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **9245 SW 208 TERRACE** **MIAMI, FL 33189**	

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

0000 - Initial Comments

A revisit to a biennial survey was conducted at Harmony Family Home Care on 05/06/2019. Deficiencies were found to be corrected at the time of the survey.