

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/11/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911389	(X3) DATE SURVEY COMPLETED R 05/28/2019
NAME OF PROVIDER OR SUPPLIER TLC HOME, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 15101 SW 87 AVENUE MIAMI, FL 33176	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A revisit to a complaint investigation (2019002030) was conducted at TLC home on 05/28/2019. The provider had no deficiencies at time of survey.		