STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967452	R **03/10/2017**
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 Standard Biennial Revisit Survey was conducted on 03/10/2017. Millie Home Care Corp, License #11545, with Limited Mental Health component had no deficiencies identified at time of the survey.