

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/03/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953555	(X3) DATE SURVEY COMPLETED 03/21/2017
NAME OF PROVIDER OR SUPPLIER SOUTH FLORIDA HOME SERVICES IN	STREET ADDRESS, CITY, STATE, ZIP CODE 140 NW 9 AVENUE MIAMI, FL 33128	

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

0000 - Initial Comments

A Complaint Survey (CCR#2017000356) was conducted on February 23, 2017 and concluded on March 21, 2017. South Florida Home Services Inc. (License # 9352) with Limited Nursing Services and Limited Mental Health components had no deficiencies at the time of the survey.