

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/21/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968494	(X3) DATE SURVEY COMPLETED R 07/26/2017
NAME OF PROVIDER OR SUPPLIER MADELIN HOME CARE CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 2980 SW 103 CT MIAMI, FL 33165	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Change of Ownership revisit survey was conducted on 07/26/2017. Madelin Home Care Corp (AL 112396) had no deficiencies identified at the time of the survey.		

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