

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/20/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953555	(X3) DATE SURVEY COMPLETED R 02/25/2019
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 Follow Up Visit to a Generator Monitoring Survey Second Revisit was conducted on 2/25/19. South Florida Home Services Inc with Limited Nursing Services and Limited Mental Health components had no deficiencies found at time of survey.		