Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	747966	08/22/2018
Name of Provider or Supplier	**Street Address, City, State**	
Edwards Home Health Inc.	1106 Clayton Lane Ste. 218e, Austin, TX	

For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.

(X4) ID Prefix Tag	**Summary Statement of Deficiencies** (Each deficiency should be preceded by full regulatory or LSC identifying information)
G0000	An Entrance Conference was conducted on 08/21/2018 with the Administrator at 9:35 a.m. The agency representative were informed that the purpose of the visit was a Recertification survey. Written information regarding "What To Expect During Your Agency's Survey" was provided. The agency census was: Austin (Parent): L&CHHS- 0, PAS- 0 An Exit Conference was conducted on 08/22/2018 with the Administrator, CFO (Identifier F), Administrative Assistant (Identifier G) and Administrative Assistant (Identifier H) at 4:15 p.m. The preliminary findings were discussed. The agency was afforded the opportunity to provide additional information. Additional information was not received. Written instructions were provided for submitting a plan of correction within 10 days of the receipt of the Statement of Deficiencies.