State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11911410	A. Building B. Wing	12/18/2012

Name of Facility	Street Address, City, State, Zip Code
PROFESSIONAL HOME CARE I	435 EAST 31 STREET HIALEAH, FL 33013

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0026 Reg. # 58A-5.0182(2) FAC LSC	Correction Completed 12/18/2012	ID Prefix A0055 Reg. # 58A-5.0185(6) FAC LSC	Correction Completed 12/18/2012	ID Prefix A0081 Reg. # 58A-5.0191(2) FAC LSC	Correction Completed 12/18/2012
ID Prefix A0082 Reg. # 58A-5.0191(3) FAC LSC	Correction Completed 12/18/2012	ID Prefix A0090 Reg. # 58A-5.0191(11) FAC LSC	Correction Completed 12/18/2012	ID Prefix A0093 Reg. # 58A-5.020(2) FAC LSC	Correction Completed 12/18/2012
ID Prefix A0152 Reg. # 58A-5.023(3) FAC LSC	Correction Completed 12/18/2012	ID Prefix A0160 Reg. # 58A-5.024(1) FAC LSC	Correction Completed 12/18/2012	ID Prefix A0161 Reg. # 58A-5.024(2) FAC LSC	Correction Completed 12/18/2012
ID Prefix A0162 Reg. # 58A-5.024(3) FAC LSC	Correction Completed 12/18/2012	ID Prefix AZ815 Reg. # 408.809, 435.02(2), 435.06 LSC	Correction Completed 12/18/2012	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor:	Date: 01/15/2013
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on:	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?	YES	NO
10/15/2012			

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

January 18, 2013

Administrator
Professional Home Care I
435 East 31 Street
Hialeah, FL 33013

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on December 18, 2012 by representative(s) of this office.

Attached is the provider's copy of the Revisit Report, which indicates the previously cited deficiencies were found corrected on the day of the revisit.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Kristal Branton

for Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure

J5XD

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