

1/15/2013

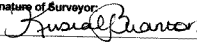
State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11911410	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 12/18/2012
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Name of Facility PROFESSIONAL HOME CARE I	Street Address, City, State, Zip Code 435 EAST 31 STREET HIALEAH, FL 33013
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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 Correction Completed 12/18/2012 Reg. # 58A-5.0182(2) FAC LSC		ID Prefix A0055 Correction Completed 12/18/2012 Reg. # 58A-5.0185(6) FAC LSC		ID Prefix A0081 Correction Completed 12/18/2012 Reg. # 58A-5.0191(2) FAC LSC	
ID Prefix A0082 Correction Completed 12/18/2012 Reg. # 58A-5.0191(3) FAC LSC		ID Prefix A0090 Correction Completed 12/18/2012 Reg. # 58A-5.0191(11) FAC LSC		ID Prefix A0093 Correction Completed 12/18/2012 Reg. # 58A-5.020(2) FAC LSC	
ID Prefix A0152 Correction Completed 12/18/2012 Reg. # 58A-5.023(3) FAC LSC		ID Prefix A0160 Correction Completed 12/18/2012 Reg. # 58A-5.024(1) FAC LSC		ID Prefix A0161 Correction Completed 12/18/2012 Reg. # 58A-5.024(2) FAC LSC	
ID Prefix A0162 Correction Completed 12/18/2012 Reg. # 58A-5.024(3) FAC LSC		ID Prefix AZB15 Correction Completed 12/18/2012 Reg. # 408.809, 435.02(2), 435.06 LSC		ID Prefix Correction Completed Reg. # LSC	
ID Prefix Correction Completed Reg. # LSC		ID Prefix Correction Completed Reg. # LSC		ID Prefix Correction Completed Reg. # LSC	

Reviewed By _____ State Agency	Reviewed By _____ Reviewed By	Date: _____ Date:	Signature of Surveyor:  Signature of Surveyor:	Date: 01/15/2013 Date:
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Followup to Survey Completed on: 10/15/2012	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO
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RICK SCOTT
GOVERNOR



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,

for Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure

J5XD

