STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967500	08/19/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
A Home For Me, Inc	1909 Shower Tree Way Wellington, FL 33414	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - Z817 - 408.810(3-4) Fs; 59a-35.100(1) Fac - Minimum Licensure Requirement - Inform Ahca S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced monitoring survey was conducted on . . . . A Home For Me, had a licensure deficiency found at the time of the visit.

Z817-Minimum Licensure Requirement - Inform AHCA 408.810(3-4) FS; 59A-35.100(1) FAC
Based on observation, it was determined the facility failed to inform the Agency of facility closure.

The findings include:

On . . . . at 3:55 PM, a monitoring survey is conducted at A Home Form Me. A white van is parked in the driveway, and a man is observed standing at the back of the van, talking on a cell phone. The van doors are open. The interior of the van is contains various handyman-type materials and tools. The house appears vacant. The surveyor introduced herself and asks the man if he is the owner of the property. The man states he is not the owner. The man is asked if he is doing work on the property, and he said he is. The surveyor asks if anyone is living at this address. The man says, "Not yet." The surveyor asks if anyone is inside the house at this time. The man replies, "There is no one inside. Nobody lives here." The man agreed to give the owner the surveyor's business card.

Class III

AHC
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
A Home For Me, Inc
1909 Shower Tree Way
Wellington, FL 33414

Dear Administrator:

This letter reports the findings of a state monitoring survey that was conducted on , 2013 by a representative from this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within **thirty (30) days** of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **2013** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure
XG90

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