

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 11/01/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11932642	(X3) DATE SURVEY COMPLETED 10/14/2013
NAME OF PROVIDER OR SUPPLIER B & B Home Care li, Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 17430 Sw 118 Place Miami, FL 33177	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0008-Admissions - Health Assessment-10/14/2013
0030-Resident Care - Rights & Facility Procedures-10/14/2013
0054-Medication - Records-10/14/2013
0161-Records - Staff-10/14/2013
0162-Records - Resident-10/14/2013
Z815-Background Screening; Prohibited Offenses-10/14/2013

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

An unannounced complaint (CCR# 2012003257 & 2013003582) follow up survey was conducted on 10/14/2013. B & B Home Care li, Inc had no deficiencies at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 4, 2013

Administrator
B & B Home Care II, Inc
17430 Sw 118 Place
Miami, FL 33177

CCR#2013003257 & 2013003582 f/u's

Dear Administrator:

This letter reports the findings of two state complaints revisit survey conducted on October 14, 2013 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), 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,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure

DT9D

