

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 11/07/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11953385	(X3) DATE SURVEY COMPLETED 10/16/2013
NAME OF PROVIDER OR SUPPLIER My Grandfather Home Care	STREET ADDRESS, CITY, STATE, ZIP CODE 3042 Sw 134 Place Miami, FL 33175	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

An unannounced Standard Biennial survey conducted on 10-16-13 of your assisted living facility. My Grandfather Home Care has no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 13, 2013

Administrator
My Grandfather Home Care
3042 Sw 134 Place
Miami, FL 33175

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on October 16, 2013 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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 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

IGGN

