

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 12/05/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966003	(X3) DATE SURVEY COMPLETED 11/05/2013
NAME OF PROVIDER OR SUPPLIER Sara Home Care	STREET ADDRESS, CITY, STATE, ZIP CODE 29100 Sw 172 Avenue Homestead, FL 33030	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0152-Physical Plant - Safe Living Environ/other-11/05/2013

L243-Lmh - Training-11/05/2013

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

A 2nd Biennial survey was conducted on November 5, 2013. Sara Home Care had no deficiencies at time of survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 9, 2013

Administrator
Sara Home Care
29100 Sw 172 Avenue
Homestead, FL 33030

Dear Administrator:

This letter reports the findings of a state licensure 2nd revisit survey conducted on November 5, 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

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