

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)		

Specific Tag Findings:

0000-Initial Comments

A Complaint Investigation (CCR 2013009541) 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

Re: CCR #2013009541

Dear Administrator:

This letter reports the findings of a complaint survey completed on November 5, 2013 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this 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 contact Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure

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