

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 12/31/2013  
FORM APPROVED

|                                                                                                        |                                                                                            |                                                     |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11965180</b>                  | (X3) DATE SURVEY COMPLETED<br><br><b>11/25/2013</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Maggy's Home Care</b>                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>8969 Nw 152 Lane<br/>Hialeah, FL 33016</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                            |                                                     |

**Revisit Corrected Tags:**

0008-Admissions - Health Assessment-11/25/2013

0052-Medication - Assistance With Self-Admin-11/25/2013

**Revisit Repeat Tags:**

**Revisit New Tags:**

**Specific Tag Findings:**

**0000-Initial Comments**

An unannounced Follow Up to an Standard Biennial Survey was conducted at Maggy's Home Care on November 25, 2013. All previous deficiencies were corrected. No new deficiencies identified.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

January 6, 2014

Administrator  
Maggy's Home Care  
8969 Nw 152 Lane  
Hialeah, FL 33016

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on November 25, 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

