

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/18/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966548	(X3) DATE SURVEY COMPLETED 01/29/2014
NAME OF PROVIDER OR SUPPLIER Heavenly Home Care Of Florida, Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 17321 Sw 109 Avenue Miami, FL 33157	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0056-Medication - Labeling And Orders-01/29/2014

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

An unannounced Follow up Survey to a Biennial Survey was conducted on January 29, 2014 at Heavenly Home Care of Florida. There were no deficiencies at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 21, 2014

Administrator
Heavenly Home Care Of Florida, Inc
17321 Sw 109 Avenue
Miami, FL 33157

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on January 29, 2014 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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