

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/09/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967717	(X3) DATE SURVEY COMPLETED 03/26/2014
NAME OF PROVIDER OR SUPPLIER Grandmother's Home Care Corp	STREET ADDRESS, CITY, STATE, ZIP CODE 4651 Nw 23 Court Miami, FL 33142	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0054-Medication - Records-03/26/2014

Specific Tag Findings:

0000-Initial Comments

An unannounced Abbreviated Biennial Survey follow up was conducted on 03-26-14. Grandmother's Home Care Corp. All previous deficiencies were corrected at the time of visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 11, 2014

Administrator
Grandmother's Home Care Corp
4651 Nw 23 Court
Miami, FL 33142

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on March 26, 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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