

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/10/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965261	(X3) DATE SURVEY COMPLETED 03/31/2014
NAME OF PROVIDER OR SUPPLIER New Home Senior Care, Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 73 East 47 Street Hialeah, FL 33013	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0030-Resident Care - Rights & Facility Procedures-03/31/2014

0055-Medication - Storage And Disposal-03/31/2014

Specific Tag Findings:

0000-Initial Comments

An unannounced second follow-up survey was conducted on 03-31-14. New Home Senior Care, Inc. The previous deficiencies were corrected at time of survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 14, 2014

Administrator
New Home Senior Care, Inc
73 East 47 Street
Hialeah, FL 33013

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on March 31, 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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