

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/15/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968110	(X3) DATE SURVEY COMPLETED 03/17/2014
NAME OF PROVIDER OR SUPPLIER Magdolna Home Care Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 372 SW Todd Ave Port Saint Lucie, FL 34983	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0008-Admissions - Health Assessment-03/17/2014
 0052-Medication - Assistance With Self-Admin-03/17/2014
 0054-Medication - Records-03/17/2014
 0056-Medication - Labeling And Orders-03/17/2014
 0058-Pharmacy & Dietary; Uncorrected Deficiencies-03/17/2014
 0079-Staffing Standards - Levels-03/17/2014
 0081-Training - Staff In-Service-03/17/2014
 0084-Training - Assis Self-Admin Meds & Med Mgmt-03/17/2014
 0086-Training - Adrd-03/17/2014

Specific Tag Findings:

0000-Initial Comments

An unannounced complaint survey, CCR #2013001966, second revisit was conducted on 03/17/2014 at Magdolna Home Care Inc. All previously cited deficiencies were found corrected.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 15, 2014

Administrator
Magdolna Home Care Inc
372 SW Todd Ave
Port Saint Lucie, FL 34983

RE: CCR #2013001966 Survey Second Revisit

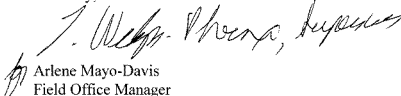
Dear Administrator:

This letter reports the findings of a complaint survey second revisit conducted on March 17, 2014 by a representative 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

