

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/07/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967772	(X3) DATE SURVEY COMPLETED 04/22/2014
NAME OF PROVIDER OR SUPPLIER Abcare Elderly Services	STREET ADDRESS, CITY, STATE, ZIP CODE 10450 Sw 178 Street Miami, FL 33196	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

An Unannounced visit for an Abbreviated Biennial Survey was made on 04/22/2014. Abcare Elderly Services had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 8, 2014

Administrator
Abcare Elderly Services
10450 Sw 178 Street
Miami, FL 33196

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on April 22, 2014 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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

IGGN

