

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/20/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968110	(X3) DATE SURVEY COMPLETED 05/14/2014
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)		

Specific Tag Findings:

0000-Initial Comments

An unannounced licensure complaint survey, CCR #2014001618, was conducted on May 14, 2014 at Magdolna Home Care Inc. The facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 22, 2014

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

RE: CCR #2014001618

Dear Administrator:

This letter reports findings of a complaint survey that was conducted on May 14, 2014 by a representative 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

