

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911410	(X3) DATE SURVEY COMPLETED 06/03/2014
NAME OF PROVIDER OR SUPPLIER Professional Home Care I	STREET ADDRESS, CITY, STATE, ZIP CODE 435 East 31 Street Hialeah, FL 33013	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0054-Medication - Records-06/03/2014

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

An Follow Up to a Complaint Investigation Survey (CCR#2014002421) was conducted at on June 3, 2014. Professional Home Care I had no deficiencies at time of survey.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

June 13, 2014

Administrator
Professional Home Care I
435 East 31 Street
Hialeah, FL 33013

Dear Administrator:

This letter reports the findings of a Complaint Investigation Revisit Survey conducted on June 3, 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:kb
Enclosure

DT9D

