

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 06/20/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967495	(X3) DATE SURVEY COMPLETED 06/12/2014
NAME OF PROVIDER OR SUPPLIER Leisure City Home Care	STREET ADDRESS, CITY, STATE, ZIP CODE 14785 Coolidge Lane Homestead, FL 33033	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0052-Medication - Assistance With Self-Admin-06/12/2014

0055-Medication - Storage And Disposal-06/12/2014

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

An standard biennial follow up survey was conducted on 06/12/2014. Leisure City Home Care had no deficiencies at the time of the survey.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

June 25, 2014

Administrator
Leisure City Home Care
14785 Coolidge Lane
Homestead, FL 33033

Dear Administrator:

This letter reports the findings of a state standard biennial licensure survey revisit conducted on June 12, 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 at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:pt
Enclosure

DT9D

