

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967293	(X3) DATE SURVEY COMPLETED 07/02/2014
NAME OF PROVIDER OR SUPPLIER Helping Hand Assisted Home Care Llc	STREET ADDRESS, CITY, STATE, ZIP CODE 4406 Sw 129 Avenue Miami, FL 33175	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

An limited nursing services monitoring survey was conducted on 07/02/2014. Helping Hand Assisted Home Care Llc did not have deficiencies at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 16, 2014

Administrator
Helping Hand Assisted Home Care LLC
4406 Sw 129 Avenue
Miami, FL 33175

Dear Administrator:

This letter reports findings of a limited nursing services monitoring survey that was conducted on July 2, 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, RN
Field Office Manager

AMD:kb
Enclosure

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