

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 07/25/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966382	(X3) DATE SURVEY COMPLETED 07/10/2014
NAME OF PROVIDER OR SUPPLIER Ibis Home Care Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 15088 Sw 71 Lane Miami, FL 33193	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0080-Training - Core & Competency Test-07/10/2014

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

A Complaint Survey (CCR# 2014003896) Revisit was completed on 07/10/2014. Ibis Home Care Inc had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 25, 2014

Administrator
Ibis Home Care Inc
15088 Sw 71 Lane
Miami, FL 33193

Dear Administrator:

This letter reports the findings of a complaint survey (CCR# 2014003896) revisit conducted on July 10, 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, RN
Field Office Manager

AMD:kb
Enclosure

DT9D

