

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11942921	(X3) DATE SURVEY COMPLETED 07/01/2014
NAME OF PROVIDER OR SUPPLIER Companion Home Corp	STREET ADDRESS, CITY, STATE, ZIP CODE 1997 Sw 17 Court Miami, FL 33145	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

An Abbreviated Survey was conducted on July 1, 2014. Companion Home Corp had no deficiencies at time of survey.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

July 1, 2014

Administrator
Companion Home Corp
1997 Sw 17 Court
Miami, FL 33145

Dear Administrator:

This letter reports findings of an abbreviated biennial survey that was conducted on July 1, 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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