

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965276	(X3) DATE SURVEY COMPLETED 09/02/2014
NAME OF PROVIDER OR SUPPLIER B & B Home Care 1, Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 20625 Sw 114 Place Miami, FL 33189	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0084-Training - Assis Self-Admin Meds & Med Mgmt-09/02/2014
0090-Training - Do Not Resuscitate Orders-09/02/2014

Specific Tag Findings:

0000-Initial Comments

A Biennial survey revisit was conducted on September 02, 2014. B&B Home Care I, Inc did not have deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 25, 2014

Administrator
B & B Home Care 1, Inc
20625 Sw 114 Place
Miami, FL 33189

Dear Administrator:

This letter reports the findings of a Biennial survey revisit conducted on September 2, 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

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