

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967293	(X3) DATE SURVEY COMPLETED 09/23/2014
NAME OF PROVIDER OR SUPPLIER Helping Hand Assisted Home Care Lic	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)		

Revisit Corrected Tags:

0008-Admissions - Health Assessment-09/23/2014

0084-Training - Assis Self-Admin Meds & Med Mgmt-09/23/2014

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey revisit was conducted on September 23, 2014. Helping Hand Assisted Home Care LLC had no deficiencies at time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 8, 2014

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

Dear Administrator:

This letter reports the findings of a Standard Biennial survey revisit conducted on September 23, 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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