STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910026	**10/07/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Eva's Home Care	**2601 North Woodrow Avenue Tampa, FL 33602**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0008-Admissions - Health Assessment-10/07/2014
0052-Medication - Assistance With Self-Admin-10/07/2014
0055-Medication - Storage And Disposal-10/07/2014
0081-Training - Staff In-Service-10/07/2014
0084-Training - Assis Self-Admin Meds & Med Mgmt-10/07/2014
0161-Records - Staff-10/07/2014

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 14, 2014

Administrator
Eva's Home Care
2601 North Woodrow Avenue
Tampa, FL 33602

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on October 7, 2014 by representative(s) of this office.

Attached is the provider's copy of the Revisit Report, 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 **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

Patricia Reid Caufman
for Field Office Manager

PRC/clt

Enclosure: State (500-3547) Form

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