

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/14/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910026	(X3) DATE SURVEY COMPLETED 10/07/2014
NAME OF PROVIDER OR SUPPLIER Eva's Home Care	STREET ADDRESS, CITY, STATE, ZIP CODE 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

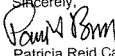
Dear Administrator:

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,

for 
Patricia Reid Kaufman
Field Office Manager

PRC/clt

Enclosure: State (500-3547) Form

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