

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 11/04/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11953247	(X3) DATE SURVEY COMPLETED 10/08/2014
NAME OF PROVIDER OR SUPPLIER Ama Home Care Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 13720 Sw 108 Street Miami, FL 33186	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0078-Staffing Standards - Staff-10/08/2014
0160-Records - Facility-10/08/2014
0161-Records - Staff-10/08/2014

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Revisit Survey was completed on 10/08/2014. Ama Home Care Inc. had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 5, 2014

Administrator
Ama Home Care Inc
13720 Sw 108 Street
Miami, FL 33186

Dear Administrator:

This letter reports the findings of a standard biennial survey revisit conducted on October 8, 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 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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