

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911410	(X3) DATE SURVEY COMPLETED 12/03/2014
NAME OF PROVIDER OR SUPPLIER Professional Home Care I	STREET ADDRESS, CITY, STATE, ZIP CODE 435 East 31 Street Hialeah, FL 33013	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on December 03, 2014. Professional Home Care I had no deficiencies at time of the survey.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

December 15, 2014

Administrator
Professional Home Care I
435 East 31 Street
Hialeah, FL 33013

Dear Administrator:

This letter reports findings of a Limited Nursing Services Monitoring survey that was conducted on December 3, 2014 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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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