STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966734	12/22/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
B & B Home Care Iii	11960 Sw 172 Street Miami, FL 33177	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0008-Admissions - Health Assessment-12/22/2014
0056-Medication - Labeling And Orders-12/22/2014
0078-Staffing Standards - Staff-12/22/2014
0082-Training - Hiv/aids-12/22/2014
0084-Training - Assis Self-Admin Meds & Med Mgmt-12/22/2014
0093-Food Service - Dietary Standards-12/22/2014
0160-Records - Facility-12/22/2014
L241-Lmh - Records-12/22/2014
L243-Lmh - Training-12/22/2014

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Revisit survey was conducted on 12/22/2014. B & B Home Care III had no deficiencies found at time of the survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 31, 2014

Administrator
B & B Home Care Iii
11960 Sw 172 Street
Miami, FL 33177

Dear Administrator:

This letter reports the findings of a standard biennial survey revisit conducted on December 22, 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 acility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

DT9D

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