

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966003	(X3) DATE SURVEY COMPLETED 12/29/2014
NAME OF PROVIDER OR SUPPLIER Sara Home Care	STREET ADDRESS, CITY, STATE, ZIP CODE 29100 Sw 172 Avenue Homestead, FL 33030	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments

Specific Tag Findings:

0000-Initial Comments

A Complaint (#2014011727) Investigation was conducted on 12/29/14. Sara Home Care did not have deficiencies at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 12, 2015

Administrator
Sara Home Care
29100 Sw 172 Avenue
Homestead, FL 33030

RE: CCR #2014011727

Dear Administrator:

This letter reports the findings of a Complaint Investigation survey completed on December 29, 2014 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this 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 contact 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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