

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966382	(X3) DATE SURVEY COMPLETED 01/22/2015
NAME OF PROVIDER OR SUPPLIER Ibis Home Care Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 15088 Sw 71 Lane Miami, FL 33193	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0010-Admissions - Continued Residency-01/22/2015
 0030-Resident Care - Rights & Facility Procedures-01/22/2015
 0078-Staffing Standards - Staff-01/22/2015
 0080-Training - Core & Competency Test-01/22/2015
 0084-Training - Assis Self-Admin Meds & Med Mgmt-01/22/2015
 0162-Records - Resident-01/22/2015

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey revisit was conducted on 01/22/15. Ibis Home Care had no deficiencies at the time of the survey.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

February 5, 2015

Administrator
Ibis Home Care Inc
15088 Sw 71 Lane
Miami, FL 33193

Dear Administrator:

This letter reports the findings of a Standard Biennial licensure survey revisit conducted on January 22, 2015 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 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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