

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 03/12/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967082	(X3) DATE SURVEY COMPLETED 03/05/2015
NAME OF PROVIDER OR SUPPLIER Good Time Home Care	STREET ADDRESS, CITY, STATE, ZIP CODE 8640 Sw 185 Street Miami, FL 33157	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0008-Admissions - Health Assessment-03/05/2015

0160-Records - Facility-03/05/2015

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

A Complaint Investigation Re-Visit Survey was conducted on 03/05/15. Good Time Home Care had no deficiencies found at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 13, 2015

Administrator
Good Time Home Care
8640 Sw 185 Street
Miami, FL 33157

Dear Administrator:

This letter reports the findings of a complaint survey revisit conducted on March 5, 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 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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