

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967527	(X3) DATE SURVEY COMPLETED 03/04/2015
NAME OF PROVIDER OR SUPPLIER Solutions Home Care Services, Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 11935 Sw 181 Terrace Miami, FL 33177	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0081-Training - Staff In-Service-03/04/2015

Specific Tag Findings:

0000-Initial Comments

An Abbreviated Biennial Survey revisit was conducted on 03/04/15. Solutions Home Care Services, Inc had no deficiencies at the time of the survey.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

March 17, 2015

Administrator
Solutions Home Care Services, Inc
11935 Sw 181 Terrace
Miami, FL 33177

Dear Administrator:

This letter reports the findings of an Abbreviated Biennial licensure survey revisit conducted on March 4, 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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