

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966035	(X3) DATE SURVEY COMPLETED 03/05/2015
NAME OF PROVIDER OR SUPPLIER Las Brisas Home Care	STREET ADDRESS, CITY, STATE, ZIP CODE 7401 W 34 Lane Hialeah, FL 33016	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0080-Training - Core & Competency Test-03/05/2015

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

An Abbreviated Biennial Revisit Survey was conducted on 03/05/15. At Las Brisas Home Care , Inc. had no deficiencies time of survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUKE
SECRETARY

March 13, 2015

Administrator
Las Brisas Home Care
7401 W 34 Lane
Hialeah, FL 33016

Dear Administrator:

This letter reports the findings of an abbreviated biennial 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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