

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967063	(X3) DATE SURVEY COMPLETED 03/04/2015
NAME OF PROVIDER OR SUPPLIER Good Stand Home Care Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 721 Nw 13 Avenue Miami, FL 33125	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

A Complaint Survey (CCR#2015000999) was conducted on 03/04/15. Good Stand Home Care Inc. has no deficiencies found at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 17, 2015

Administrator
Good Stand Home Care Inc
721 Nw 13 Avenue
Miami, FL 33125

RE: CCR #2015000999

Dear Administrator:

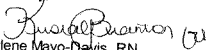
This letter reports the findings of a complaint survey completed on March 4, 2015 by representative(s) of this office.

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 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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