State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
AL11966548

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
6/19/2015

Name of Facility
HEAVENLY HOME CARE OF FLORIDA, INC

Street Address, City, State, Zip Code
17321 SW 109 AVENUE
MIAMI, FL 33157

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix **A0120**	Correction Completed **06/10/2015**	ID Prefix **A0160**	Correction Completed **06/10/2015**	ID Prefix **A0161**	Correction Completed **06/10/2015**
Reg. # **429.17(3) FS: 429.275(1)58** LSC		Reg. # **58A-5.024(1) FAC** LSC		Reg. # **429.275(2) FS: 58A-5.024(2** LSC	
ID Prefix **A0167**	Correction Completed **06/19/2015**	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # **58A-5.025 FAC** LSC		Reg. # LSC		Reg. # LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC		Reg. # LSC		Reg. # LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC		Reg. # LSC		Reg. # LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC		Reg. # LSC		Reg. # LSC	

Reviewed By State Agency	**Reviewed By**	**Date:** 06/25/15	**Signature of Surveyor:**		**Date:**
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**		**Date:**

Followup to Survey Completed on:
4/8/2015

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 25, 2015

Administrator
Heavenly Home Care Of Florida, Inc
17321 Sw 109 Avenue
Miami, FL 33157

Dear Administrator:

This letter reports the findings of a Complaint Survey Revisit conducted on June 19, 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

DT9D

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida