

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 09/10/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953342	(X3) DATE SURVEY COMPLETED 08/26/2015
NAME OF PROVIDER OR SUPPLIER PROFESSIONAL HOME CARE III, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 447 EAST 26 STREET HIALEAH, FL 33013	

**SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)**

0000 Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on August 26, 2015. Professional Home Care III with Limited Nursing Services and Limited Mental Health had no deficiencies identified under the component at time of survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 10, 2015

Administrator
Professional Home Care lii, Inc
447 East 26 Street
Hialeah, FL 33013

Dear Administrator:

This letter reports findings of a Limited Nursing Services Monitoring survey that was conducted on August 26, 2015 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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 call Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

1GGN

