

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/14/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966131	(X3) DATE SURVEY COMPLETED 09/24/2015
NAME OF PROVIDER OR SUPPLIER AMEGAB HOME CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1145 SW 74 COURT MIAMI, FL 33144	

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

0000 Initial Comments

A complaint investigation (CCR# 2015010146) was conducted on September 24, 2015 at Amegab Home Care. The facility Amegab Home Care had ongoing noncompliance at time of survey.



RICK SCOTT
GOVERNOR
ELIZABETH DUKE
SECRETARY

October 14, 2015

Administrator
Amegab Home Care
1145 Sw 74 Court
Miami, FL 33144

RE: CCR #2015010146

Dear Administrator:

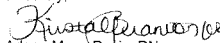
This letter reports the findings of a Complaint Survey completed on September 24, 2015 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating ongoing noncompliance.

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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