STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966734	**10/21/2015**
NAME OF PROVIDER OR SUPPLIER **B & B HOME CARE III**	STREET ADDRESS, CITY, STATE, ZIP CODE **11960 SW 172 STREET** **MIAMI, FL 33177**	

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

0000 Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on October 21, 2015. B & B Home Care III with Limited Nursing Services and Limited Mental Health components had deficiencies cited under the biennial survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 12, 2015

Administrator
B & B Home Care Iii
11960 Sw 172 Street
Miami, FL 33177

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on October 21, 2015 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates all deficiencies were cited under the biennial 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 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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