STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967140	**11/02/2015**
NAME OF PROVIDER OR SUPPLIER **ACHOY HOME CARE II**	STREET ADDRESS, CITY, STATE, ZIP CODE **1161 NIGHTINGALE AVENUE** **MIAMI SPRINGS, FL 33166**	

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

0000 Initial Comments

A Abbreviated Biennial Survey was conducted on November 02, 2015. Achoy Home Care II with Limited Mental Health component had no deficiencies identified at time of the survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 1, 2015

Administrator
Achoy Home Care Ii
1161 Nightingale Avenue
Miami Springs, FL 33166

Dear Administrator:

This letter reports findings of a Abbreviated Biennial Survey that was conducted on November 2, 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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

jcj
Enclosure

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