

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/30/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964471	(X3) DATE SURVEY COMPLETED 12/21/2015
NAME OF PROVIDER OR SUPPLIER SOUTHERN HOME CARE MGMT	STREET ADDRESS, CITY, STATE, ZIP CODE 739 BERNICE COURT ORLANDO, FL 32825	

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

0000 Initial Comments

An abbreviated relicensure survey was conducted on 12/21/15. Southern Home Care Managment did not have deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 30, 2015

Administrator
Southern Home Care Mgmt
739 Bernice Court
Orlando, FL 32825

RE: Abbreviated relicensure survey

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on December 21, 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 Lorraine Henry at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

1GGN

