STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966003	**12/04/2015**
NAME OF PROVIDER OR SUPPLIER **SARA HOME CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **29100 SW 172 AVENUE** **HOMESTEAD, FL 33030**	

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

0000 Initial Comments

A complaint (CCR #2015011261) survey was conducted on November 30, 2015 and concluded on December 4, 2015. Sara Home Care with limited mental health component did not have deficiencies identified at time of survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 23, 2015

Administrator
Sara Home Care
29100 Sw 172 Avenue
Homestead, FL 33030

RE: CCR #2015011261

Dear Administrator:

This letter reports the findings of a complaint survey completed on December 4, 2015 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this 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 contact Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

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