

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/20/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942921	(X3) DATE SURVEY COMPLETED 01/06/2016
NAME OF PROVIDER OR SUPPLIER COMPANION HOME CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 1997 SW 17 COURT MIAMI, FL 33145	

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

0000 Initial Comments

An extended congregate care monitoring survey was conducted on January 6, 2016. Companion Home Corp with Extended Congregate Care and Limited Mental Health components did not have deficiencies identified at time of survey.



RICK SCOTT
GOVERNOR
ELIZABETH DUKE
SECRETARY

January 20, 2016

Administrator
Companion Home Corp
1997 Sw 17 Court
Miami, FL 33145

Dear Administrator:

This letter reports findings of a extended congregate care monitoring licensure survey that was conducted on January 6, 2016 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 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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