

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/29/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966601	(X3) DATE SURVEY COMPLETED 01/13/2016
NAME OF PROVIDER OR SUPPLIER BJ HOME CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2218 SW 26 LANE MIAMI, FL 33133	

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

0000 Initial Comments

A complaint (CCR #2015011720) survey was conducted on January 13, 2016. BJ Home Care Inc with limited mental health component had deficiencies identified at time of the survey and were cited on abbreviated biennial revisit survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 29, 2016

Administrator
BJ Home Care Inc
2218 Sw 26 Lane
Miami, FL 33133

RE: CCR #2015011720

Dear Administrator:

This letter reports the findings of a complaint survey completed on January 13, 2016 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form.

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

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Enclosure

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