

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 03/23/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967495	(X3) DATE SURVEY COMPLETED 03/01/2016
NAME OF PROVIDER OR SUPPLIER LEISURE CITY HOME CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 14785 COOLIDGE LANE HOMESTEAD, FL 33033	

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

0000 Initial Comments

A standard biennial survey was conducted from February 11th, 2016 to March 1st, 2016. Leisure City Home Care with limited mental health component did not have deficiencies identified at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 23, 2016

Administrator
Leisure City Home Care
14785 Coolidge Lane
Homestead, FL 33033

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on March 1, 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 Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure

1GGN

