

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/29/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966215	(X3) DATE SURVEY COMPLETED R 03/24/2016
NAME OF PROVIDER OR SUPPLIER LIDY'S HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 15561 SW 8 LANE MIAMI, FL 33194	

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

0000 Initial Comments

A Standard Biennial Revisit Survey was conducted on 03/24/16. Lidy's Home Care with Limited Mental Health component had no deficiencies at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 29, 2016

Administrator
Lidy's Health Care
15561 Sw 8 Lane
Miami, FL 33194

Dear Administrator:

This letter reports the findings of a revisit state licensure survey revisit conducted on March 24, 2016 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

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

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