

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 04/12/2016  
FORM APPROVED

|                                                          |                                                                                          |                                                        |
|----------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------|
| STATEMENT OF<br>DEFICIENCIES                             | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11966651</b>           | (X3) DATE SURVEY<br>COMPLETED<br><br><b>04/05/2016</b> |
| NAME OF PROVIDER OR SUPPLIER<br><b>RENACER HOME CARE</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>644 642 SE 4 PLACE<br/>HIALEAH, FL 33010</b> |                                                        |

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

**0000 Initial Comments**

A Limited Nursing Services Monitoring Survey was conducted on April 5, 2016. Renacer Home Care with Limited Nursing Services and Limited Mental Health components had no deficiencies identified under the surveyed component at the time of the survey.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

April 16, 2016

Administrator  
Renacer Home Care  
644 642 Se 4 Place  
Hialeah, FL 33010

Dear Administrator:

This letter reports findings of a Limited Nursing Services Monitoring licensure survey that was conducted on April 5, 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

1GGN

