STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942921	R
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

A Standard Biennial Revisit Survey was conducted on 06/15/16. Companion Home Corp with Extended Congregate Care and Limited Mental Health components (License #7893) had the following deficiencies identified at the time of the survey:

0004 Licensure - Requirements

Based on record review and interview, the facility failed to obtain an annual sanitation inspection from the health department.
Findings included:
A review of inspection records posted on the bulletin board in the living/dining | that that last sanitation inspection was conducted on . Further record review showed that there was no documentation that an inspection had been requested.
During an interview on at 2:02 PM facility Administrator stated that she did not have the annual sanitation inspection. She stated I attempt few time and they did not come. I don ' t know why I have to be responsible for their work."
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2016 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2016.**

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure

BBT7

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100: Fax:(305) 593-3121
AHCA.MyFlorida.com