STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953342	07/26/2016
NAME OF PROVIDER OR SUPPLIER **PROFESSIONAL HOME CARE III, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **447 EAST 26 STREET** **HIALEAH, FL 33013**	

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

0000 Initial Comments

There were no deficiencies identified during the Limited Nursing Services (LNS) monitoring visit completed on 07/26/2016 at the Professional Home Care III Assisted Living Facility, License # 94.

(NOTE: This survey was conducted in conjunction with the follow-up survey to the complaint survey completed on 6/15/2016. Please refer to the separate reports.)

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 7, 2016

Administrator
Professional Home Care Iii, Inc
447 East 26 Street
Hialeah, FL 33013

Dear Administrator:

This letter reports findings of a Limited Nursing Services Monitoring licensure survey that was conducted on July 26, 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 Evaulator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

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