

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/29/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967394	(X3) DATE SURVEY COMPLETED 08/23/2016
NAME OF PROVIDER OR SUPPLIER BLUE FOUNTAIN HOME CARE, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2440 EMERSON DRIVE SE PALM BAY, FL 32909	

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

0000 Initial Comments

A Re-licensure survey was conducted on 8/23/2016. Blue Fountain Home Care LLC., license#11411 had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 29, 2016

Administrator
Blue Fountain Home Care, LLC
2440 Emerson Drive SE
Palm Bay, FL 32909

RE: Re-licensure survey

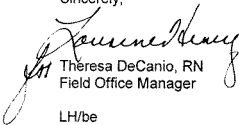
Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on August 23, 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 Lorraine Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

1GGN

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone:(407) 420-2502; Fax:(407) 245-0998
AHCA.MyFlorida.com



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