

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 09/07/2016  
FORM APPROVED

|                                                              |                                                                                         |                                                     |
|--------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                    | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11953247</b>             | (X3) DATE SURVEY COMPLETED<br><br><b>08/24/2016</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMA HOME CARE INC</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>13720 SW 108 STREET<br/>MIAMI, FL 33186</b> |                                                     |

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

**0000 Initial Comments**

An Abbreviated Biennial Survey was conducted on 08/24/16. Ama Home Care, Inc. with a Standard License #8491, had no deficiencies found at the time of the survey.



RICK SCOTT  
GOVERNOR  
ELIZABETH DUDEK  
SECRETARY

September 7, 2016

Administrator  
Ama Home Care Inc  
13720 Sw 108 Street  
Miami, FL 33186

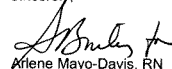
Dear Administrator:

This letter reports findings of a state relicensure survey that was conducted on August 24, 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 Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

  
Arlene Mayo-Davis, RN  
Field Office Manager

AMD/sb  
Enclosure

1GGN

