

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/04/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911410	(X3) DATE SURVEY COMPLETED 10/24/2016
NAME OF PROVIDER OR SUPPLIER PROFESSIONAL HOME CARE I	STREET ADDRESS, CITY, STATE, ZIP CODE 435 EAST 31 STREET HIALEAH, FL 33013	

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

0000 Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on October 24, 2016. Professional Home Care I (AL#6507) with Limited Nursing Services component had deficiencies cited under the biennial survey.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

November 4, 2016

Administrator
Professional Home Care I
435 East 31 Street
Hialeah, FL 33013

Dear Administrator:

This letter reports findings of a Limited Nursing Services Monitoring licensure survey that was conducted on October 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

A handwritten signature in black ink, appearing to be "Arlene Mayo-Davis".

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

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