

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 12/30/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967470	(X3) DATE SURVEY COMPLETED 12/29/2016
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NAME OF PROVIDER OR SUPPLIER REBECCA HOME CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2383 NW 111TH AVENUE SUNRISE, FL 33322
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced re-licensure survey was conducted on 12/29/2016 at Rebecca's Home Care, License # 11510. The facility had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

January 10, 2017

Administrator
Rebecca Home Care Inc
2383 NW 111th Avenue
Sunrise, FL 33322

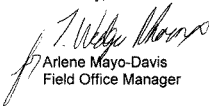
Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on December 29, 2016 by a representative 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD/
Enclosure

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