

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/12/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964038	(X3) DATE SURVEY COMPLETED 12/29/2016
NAME OF PROVIDER OR SUPPLIER PEACE HOME CARE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5040 NW 197 STREET MIAMI, FL 33055	

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

0000 - Initial Comments

A Limited Mental Health component expansion survey was conducted on 12/27/16 and concluded on 12/29/16. Peace Home Care, Inc license # 8952 had no deficiencies under the component, deficiencies found at time of the survey cited under complaint.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

January 12, 2017

Administrator
Peace Home Care, Inc
5040 Nw 197 Street
Miami, FL 33055

Dear Administrator:

This letter reports findings of a Limited Mental Health component expansion licensure survey that was conducted on December 29, 2016 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form.

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,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

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