STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966148	R 01/10/2017
NAME OF PROVIDER OR SUPPLIER **TIME IS CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **19010 NW 44 AVENUE** **OPA LOCKA, FL 33055**	

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

0000 - Initial Comments

A Complaint Survey (CCR#2016006948) 2nd Revisit was conducted on 01/10/2016. Time is Care, Corp. (#10391) with Limited Mental Health component had no deficiencies identified at the time of the survey

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

January 19, 2017

Administrator
Time Is Care
19010 Nw 44 Avenue
Opa Locka, FL 33055

Dear Administrator:

This letter reports the findings of a Complaint licensure survey second revisit conducted on January 10, 2017 by representative(s) of this office.

The previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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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