

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/16/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967570	(X3) DATE SURVEY COMPLETED 02/05/2015
NAME OF PROVIDER OR SUPPLIER San Judas Home Care ll	STREET ADDRESS, CITY, STATE, ZIP CODE 550 Nw 116 Terrace Miami, FL 33168	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

A Limited Nursing Services (LNS) Monitoring Survey was conducted on February 05, 2015. San Judas Home Care ll had no deficiencies at time of survey within the LNS component.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 16, 2015

Administrator
San Judas Home Care II
550 Nw 116 Terrace
Miami, FL 33168

Dear Administrator:

This letter reports findings of a Limited Nursing Services Monitoring survey that was conducted on February 5, 2015 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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