STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968887	**09/30/2015**
NAME OF PROVIDER OR SUPPLIER **PRINCETON HOME CARE, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **25703 SW 128TH AVE** **HOMESTEAD, FL 33032**	

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

0000 Initial Comments

An Initial Licensure Survey was conducted on 09/30/15. Princeton Home Care Llc. with a standard license had no deficiencies found at the time of the survey. A recommendation will be sent to the licensure unit for a standard license with a capacity of 6 beds.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 8, 2015

Administrator
Princeton Home Care, Llc
25703 Sw 128th Ave
Homestead, FL 33032

Dear Administrator:

This letter reports the findings of an initial Licensure survey conducted on September 30, 2015 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,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

34IJ

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