

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11967241	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 8/29/2012
Name of Facility MY BELLS ALF CORP	Street Address, City, State, Zip Code 2161 SW 24 STREET MIAMI, FL 33145	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0078 Reg. # 58A-5.019(2) FAC LSC	Correction Completed 08/29/2012	ID Prefix A0079 Reg. # 58A-5.019(4) FAC LSC	Correction Completed 08/29/2012	ID Prefix A0162 Reg. # 58A-5.024(3) FAC LSC	Correction Completed 08/29/2012
ID Prefix AZ815 Reg. # 408.809, 435.02(2), 435.06 LSC	Correction Completed 08/29/2012	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By	Reviewed By	Date:	Signature of Surveyor:	Date:
State Agency			<i>Justin A. Stanton</i>	8/20/2012
Reviewed By	Reviewed By	Date:	Signature of Surveyor:	Date:
CMS RO				

Followup to Survey Completed on:
6/19/2012

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

September 4, 2012

Administrator
My Bells Alf Corp
2161 Sw 24 Street
Miami, FL 33145

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on August 29, 2012 by representative(s) of this office.

Attached is the provider's copy of the Revisit Report, which indicates the previously cited deficiencies were found corrected on the day of the revisit.

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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

for Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure

J5XD

