

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11953319

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
10/4/2012

Name of Facility
MY HOME ALF, INC

Street Address, City, State, Zip Code
290 NW 188TH STREET
MIAMI, FL 33169

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 A0030 Reg. # 58A-5.0182(6) FAC; 429.28 LSC	Correction Completed 10/04/2012	ID Prefix A0122 Reg. # 58A-5.021(3) FAC LSC	Correction Completed 10/04/2012	ID Prefix A0123 Reg. # 58A-5.021(4) FAC LSC	Correction Completed 10/04/2012
ID Prefix A0124 Reg. # 58A-5.021(5) FAC LSC	Correction Completed 10/04/2012	ID Prefix A0160 Reg. # 58A-5.024(1) FAC LSC	Correction Completed 10/04/2012	ID Prefix A0162 Reg. # 58A-5.024(3) FAC LSC	Correction Completed 10/04/2012
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By 	Reviewed By	Date: 10/16/12	Signature of Surveyor:	Date:
State Agency				
Reviewed By	Reviewed By	Date:	Signature of Surveyor:	Date:
CMS RO				

Followup to Survey Completed on:

7/31/2012

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

YES NO



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 16, 2012

Administrator
My Home ALF, Inc
290 NW 188th Street
Miami, FL 33169

CCR#2012006636 f/u

Dear Administrator:

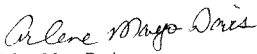
This letter reports the findings of a state complaint revisit survey conducted on October 4, 2012 by representative(s) of this office.

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,


Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure

J5XD

