

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967938	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 01/31/2013
NAME OF PROVIDER OR SUPPLIER CARING HANDS MINISTRY ASSISTED LIVING I		STREET ADDRESS, CITY, STATE, ZIP CODE 611 N FLORIDA AVE WACHULA, FL 33873			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
{A 000}	Initial Comments A third revisit, along with an extended congregate care (ECC) monitoring visit, (see Aspen Event DB6J11), was attempted on 01/31/13. The Caring Hands Ministry Assisted Living Facility had no one available for survey. Recommend denial of renewal of license. Amended 5/21/13.	{A 000}			

AHCA Form 3020-0001

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

0000

69CG14

If continuation sheet 1 of 1

RICK SCOTT
GOVERNOR



ELIZABETH DUDEK
SECRETARY

May 22, 2013

Administrator
Caring Hands Ministry Assisted Living Facility LLC
611 N Florida Ave
Wachula, FL 33873

Re: Amended

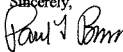
Dear Administrator:

On January 31, 2013, an attempt was made by a representative of this office to conduct an extended congregate care (ECC) monitoring visit and a third revisit. Attached are the provider's copies of the State (3020) Forms, which indicate that no one was available for 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.

Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for 
Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosures: State Forms 3020

