

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 08/27/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966480	(X3) DATE SURVEY COMPLETED 08/05/2013
NAME OF PROVIDER OR SUPPLIER Dulce Hogar II, Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 3601 Sw 139 Avenue Miami, FL 33175	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0008-Admissions - Health Assessment-08/05/2013

Specific Tag Findings:

0000-Initial Comments

A unannounced Follow up Survey to Standard Re-Licensure was conducted in our Assisted Living Facility on August 05, 2013. Dulce Hogar II had no deficiencies at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 28, 2013

Administrator
Dulce Hogar II, Inc
3601 Sw 139 Avenue
Miami, FL 33175

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on August 5, 2013 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), 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

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