

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 08/29/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966993	(X3) DATE SURVEY COMPLETED 08/12/2013
NAME OF PROVIDER OR SUPPLIER Bella Sisters Senior Care	STREET ADDRESS, CITY, STATE, ZIP CODE 16671 Sw 52 Lane Miami, FL 33165	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

L243-Lmh - Training-08/12/2013

Specific Tag Findings:

0000-Initial Comments

An unannounced Follow-up to Standard Survey was conducted on August 8, 2013. Bella Sisters Senior Care had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 5, 2013

Administrator
Bella Sisters Senior Care
16671 Sw 52 Lane
Miami, FL 33165

Dear Administrator:

This letter reports the findings of a state licensure revisit survey conducted on August 12, 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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