STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966576	08/19/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Carolina's Care Center Corp #3	8100 West 12 Avenue Hialeah, FL 33014	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0008-Admissions - Health Assessment-08/19/2013
0030-Resident Care - Rights & Facility Procedures-08/19/2013
0054-Medication - Records-08/19/2013
0055-Medication - Storage And Disposal-08/19/2013
0056-Medication - Labeling And Orders-08/19/2013
0057-Medication - Over The Counter (otc) Products-08/19/2013
N277-Lns - Resident Care Standards-08/19/2013

Specific Tag Findings:

0000-Initial Comments

An unannounced Follow Up Survey to a Limited Nursing Services Monitoring Survey was performed at Carolina's Care Center # 3 on August 19, 2013. All previous deficiencies were corrected. No new deficiencies found.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 9, 2013

Administrator
Carolina's Care Center Corp #3
8100 West 12 Avenue
Hialeah, FL 33014

Dear Administrator:

This letter reports the findings of a state Limited Nursing Services (LNS) Monitoring revisit survey conducted on August 19, 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

DT9D

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