

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 08/30/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965028	(X3) DATE SURVEY COMPLETED 08/20/2013
NAME OF PROVIDER OR SUPPLIER Lazaro Loving Home	STREET ADDRESS, CITY, STATE, ZIP CODE 390 Se 8th Avenue Hialeah, FL 33010	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

Z815-Background Screening; Prohibited Offenses-08/20/2013

Specific Tag Findings:

0000-Initial Comments

An unannounced Follow Up Survey to a Limited Nursing Services Monitoring Survey was performed at Lazaro Loving Home on August 20, 2013. All previous deficiencies were corrected. No new deficiencies found.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 9, 2013

Administrator
Lazaro Loving Home
390 Se 8th Avenue
Hialeah, FL 33010

Dear Administrator:

This letter reports the findings of a state Limited Nursing Services (LNS) Monitoring revisit survey conducted on August 20, 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,

for Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure

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