

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 08/30/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967565	(X3) DATE SURVEY COMPLETED 08/12/2013
NAME OF PROVIDER OR SUPPLIER Buddy's Place, Llc	STREET ADDRESS, CITY, STATE, ZIP CODE 229 Laurel Way Miami Springs, FL 33166	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - E210 - 58a-5.0191(7) Fac - Ecc - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

An Extended Congregate Care Monitoring Survey was conducted on , 2013 at Buddy's Place LLC.
There were deficiencies identified at time of survey.

E210-ECC - Training 58A-5.0191(7) FAC

Based on record review and interview facility's administrator failed to obtain 4 hours of continuing education every two years in topics relating to the physical, , or social needs of frail elderly and persons, or persons with or related

Findings include:

Record review for administrator (staff #1) revealed that the last 4 hours of continuing education every two years in topics relating to the physical, , or social needs of frail elderly and persons, or persons with or related on file dated and expired on

Administrator acknowledged the findings on at 2:00 pm

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Buddy's Place, Llc
229 Laurel Way
Miami Springs, FL 33166

Dear Administrator:

This letter reports the findings of a state Extended Congregate Care (ECC) monitoring survey that was conducted on , 2013 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe.

Staff from this office will conduct a review after 10/9/2013 to verify that the necessary corrections are in place to correct the deficiencies identified on your 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.

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
XG90

