

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 09/26/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966574	(X3) DATE SURVEY COMPLETED 08/21/2013
NAME OF PROVIDER OR SUPPLIER Carolina's Care Center #2	STREET ADDRESS, CITY, STATE, ZIP CODE 7824 Nw 165 Street Hialeah, FL 33016	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0008-Admissions - Health Assessment-08/21/2013
0055-Medication - Storage And Disposal-08/21/2013
0056-Medication - Labeling And Orders-08/21/2013

Revisit Repeat Tags:

Revisit New Tags:

0000-Initial Comments

An Unannounced Follow Up Survey to a Limited Nursing Services Monitoring Survey was performed at Carolina's Care Center # 2 on August 21, 2013. All previous deficiencies were corrected. No new deficiencies found.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 30, 2013

Administrator
Carolina's Care Center #2
7824 Nw 165 Street
Hialeah, FL 33016

Dear Administrator:

This letter reports the findings of a state Limited Nursing Services (LNS) Monitoring revisit survey conducted on August 21, 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

