

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/02/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910951	(X3) DATE SURVEY COMPLETED 09/17/2013
NAME OF PROVIDER OR SUPPLIER Divine Living In Hialeah Llc	STREET ADDRESS, CITY, STATE, ZIP CODE 70 East 21st Street Hialeah, FL 33010	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0026-Resident Care - Social & Leisure Activities-09/17/2013
0030-Resident Care - Rights & Facility Procedures-09/17/2013
0090-Training - Do Not Resuscitate Orders-09/17/2013
0126-Fiscal - Resident Accounting-09/17/2013

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

An unannounced Follow up survey of a Complaint Investigation survey, CCR #2013005483 was conducted on 09/17/2013. Divine Living in Hialeah LLC. had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 3, 2013

Administrator
Divine Living In Hialeah Llc
70 East 21st Street
Hialeah, FL 33010

CCR#2013005483 f/u

Dear Administrator:

This letter reports the findings of a state complaint revisit survey conducted on September 17, 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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