

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 09/30/2013  
FORM APPROVED

|                                                                                                        |                                                                                             |                                                     |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11966546</b>                   | (X3) DATE SURVEY COMPLETED<br><br><b>09/11/2013</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>St Db&amp;y Home For The Elderly,</b>                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>8715 Nw 153rd Terrace<br/>Hialeah, FL 33018</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                             |                                                     |

**Specific Tag Findings:**

**0000-Initial Comments**

An unannounced Limited Nursing Services Monitoring Survey was performed at St DB&Y Home For The Elderly on September 11, 2013. No deficiencies were identified at time of survey under the Limited Nursing Services component.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

October 4, 2013

Administrator  
St Db&y Home For The Elderly,  
8715 Nw 153rd Terrace  
Hialeah, FL 33018

Dear Administrator:

This letter reports findings of a state Limited Nursing Services (LNS) Monitoring survey that was conducted on September 11, 2013 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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,

*E. Davis*  
Arlene Mayo-Davis for  
Field Office Manager

AMD:sy  
Enclosure

1GGN

