

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/17/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967575	(X3) DATE SURVEY COMPLETED 10/01/2013
NAME OF PROVIDER OR SUPPLIER Grandparents Place Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 13342 Sw 6 Street Miami, FL 33184	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0085-Training - Nutrition & Food Service-10/01/2013
0090-Training - Do Not Resuscitate Orders-10/01/2013

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

A Follow up survey of a Standard Biennial survey was conducted on 10/01/2013. Grandparents Place Inc Assisted Living Facility had no deficiencies at time of survey



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 21, 2013

Administrator
Grandparents Place Inc
13342 Sw 6 Street
Miami, FL 33184

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on October 1, 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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