| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11964118** | **10/16/2013** |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| **Residencia Nurstra Senora De La Esperanza Home Car** | **11125 Sw 48 Street Miami, FL 33165** | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**Revisit Corrected Tags:**
0005-Licensure - Inspection Responsibilities-10/16/2013
0151-Physical Plant - Existing Facilities-10/16/2013

**Revisit Repeat Tags:**

**Revisit New Tags:**

**Specific Tag Findings:**

**0000-Initial Comments**

An unannounced follow up Complaint Survey (CCR#2013006611) was conducted in Residencia Nurstra Senora De La Esperanza on 10-16-13. All previous deficiencies were corrected at the time of the visit.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 4, 2013

Administrator
Residencia Nuestra Senora De La Esperanza Home Care
11125 Sw 48 Street
Miami, FL 33165

**CCR#2013006611 f/u**

Dear Administrator:

This letter reports the findings of a state complaint revisit survey conducted on October 16, 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

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