STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967413	**10/16/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
West Dade Family Care Corp	**4585 Sw 159th Court Miami, FL 33185**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0008-Admissions - Health Assessment-10/16/2013
0009-Admissions - Admission Package-10/16/2013
0030-Resident Care - Rights & Facility Procedures-10/16/2013
0078-Staffing Standards - Staff-10/16/2013
0080-Training - Core & Competency Test-10/16/2013
0081-Training - Staff In-Service-10/16/2013
0084-Training - Assis Self-Admin Meds & Med Mgmt-10/16/2013
0085-Training - Nutrition & Food Service-10/16/2013

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

An unannounced follow up to a Complaint (CCR#2013006392) Survey was conducted on October 16, 2013. West Dade Family Care Corp ALF had no deficiencies found at time of the visit.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 4, 2013

Administrator
West Dade Family Care Corp
4585 Sw 159th Court
Miami, FL 33185

CCR#2013006392 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,

Kristal Branton for

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure

DT9D

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