STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967565	10/31/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Buddy's Place, Llc	229 Laurel Way Miami Springs, FL 33166	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0007-Admissions - Criteria-10/31/2013
0052-Medication - Assistance With Self-Admin-10/31/2013
0054-Medication - Records-10/31/2013
0055-Medication - Storage And Disposal-10/31/2013
0056-Medication - Labeling And Orders-10/31/2013
0078-Staffing Standards - Staff-10/31/2013
0081-Training - Staff In-Service-10/31/2013
0084-Training - Assis Self-Admin Meds & Med Mgmt-10/31/2013
0161-Records - Staff-10/31/2013

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

A unannounced follow up survey of a Complaint Survey (CCR#2013007104) conducted on 10/31/2013. Buddy's Place LLC Assisted Living Facility had no deficiencies found at the time of the visit.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 2, 2013

Administrator
Buddy's Place, Llc
229 Laurel Way
Miami Springs, FL 33166

CCR#2013007104 f/u

Dear Administrator:

This letter reports the findings of a state complaint survey revisit conducted on October 31, 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,

E Casanueva
Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure

DT9D

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