

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 11/25/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967241	(X3) DATE SURVEY COMPLETED 10/28/2013
NAME OF PROVIDER OR SUPPLIER My Bells Alf Corp	STREET ADDRESS, CITY, STATE, ZIP CODE 2161 Sw 24 Street Miami, FL 33145	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0030-Resident Care - Rights & Facility Procedures-10/28/2013
0053-Medication - Administration-10/28/2013
0054-Medication - Records-10/28/2013
0055-Medication - Storage And Disposal-10/28/2013
0083-Training - First Aid And Cpr-10/28/2013
0161-Records - Staff-10/28/2013
0181-Emergency Mgmt - Plan Approval-10/28/2013

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

A follow up survey of a complaint survey (CCR # 2013006321) was conducted on 10/28/2013. My Bells ALF had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 2, 2013

Administrator
My Bells Alf Corp
2161 Sw 24 Street
Miami, FL 33145

CCR#2013006321 f/u

Dear Administrator:

This letter reports the findings of a state complaint survey revisit conducted on October 28, 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. Castillo
Arlene Mayo-Davis *for*
Field Office Manager

AMD:sy
Enclosure

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