

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 11/18/2013  
FORM APPROVED

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

**Revisit Corrected Tags:**  
E210-Ecc - Training-10/31/2013

**Revisit Repeat Tags:**

**Revisit New Tags:**

**Specific Tag Findings:**

0000-Initial Comments

A follow up survey of an Extended Congregate Care Monitoring Survey was conducted on 10/31/2013. Buddy's Place LLC Assisted Living Facility had no deficiencies found at the time of the visit.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

December 2, 2013

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

Dear Administrator:

This letter reports the findings of a state Extended Congregate Care (ECC) monitoring revisit survey 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,

*Ela Smith*  
Arlene Mayo-Davis *for*  
Field Office Manager

AMD:sy  
Enclosure

DT9D

