STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967491	**11/06/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Suarez Resident Inc	**13371 Sw 50 Street Miami, FL 33175**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0052-Medication - Assistance With Self-Admin-11/07/2013
0077-Staffing Standards - Administrators-11/07/2013
0080-Training - Core & Competency Test-11/07/2013
0081-Training - Staff In-Service-11/07/2013
0161-Records - Staff-11/07/2013
Z815-Background Screening; Prohibited Offenses-11/07/2013

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

An unannounced follow-up to a Standard Biennial Survey was conducted on November 7, 2013. Suarez Resident Inc. had no deficiencies at time of survey.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 2, 2013

Administrator
Suarez Resident Inc
13371 Sw 50 Street
Miami, FL 33175

Dear Administrator:

This letter reports the findings of a state Change of Ownership (CHOW) survey revisit conducted on November 6, 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 Castellejo for
Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure

DT9D

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