

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 12/02/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965384	(X3) DATE SURVEY COMPLETED 11/07/2013
NAME OF PROVIDER OR SUPPLIER Exclusive Home	STREET ADDRESS, CITY, STATE, ZIP CODE 183 West 18 Street Hialeah, FL 33010	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0074-Staffing Standards - Personnel File (bgs)-11/07/2013

N277-Lns - Resident Care Standards-11/07/2013

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

An unannounced Follow Up to a Limited Nursing Services Monitoring survey was performed at Exclusive Home on November 07, 2013. There were no deficiencies at time of survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 3, 2013

Administrator
Exclusive Home
183 West 18 Street
Hialeah, FL 33010

Dear Administrator:

This letter reports the findings of a state Limited Nursing Services (LNS) Monitoring revisit survey conducted on November 7, 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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